



### Donation Deposit Form

**All checks must be made out to the HSCB Foundation, Inc. and the fund name and/or number may ONLY appear in the “for” or “memo” section: NO EXCEPTIONS.**

**Please bring the following to the Office of Development & Philanthropy (Room BSB-M128A):**  
**1) this form, 2) the original check(s), 3) legible photocopies of all of the check(s), 4) envelope(s) the check(s) arrived in, and 5) copy/ies of correspondence to or from the donor(s). NOTE: Donations should be brought to the Office of Development & Philanthropy within 5 business days of receipt.**

**If you have any questions, please call the Office of Development & Philanthropy at 270-8850.**

**Donation Information:**

Donor: Name & Corporation \_\_\_\_\_ Ck #1

Address: \_\_\_\_\_

Donor: Name & Corporation \_\_\_\_\_ Ck #2

Address: \_\_\_\_\_

Donor: Name & Corporation \_\_\_\_\_ Ck #3

Address: \_\_\_\_\_

	Source Category	Amount	Usage Category	Comments/Info	Date Received	Check #
Ck #1	_____	_____	_____	_____	_____	_____
Ck #2	_____	_____	_____	_____	_____	_____
Ck #3	_____	_____	_____	_____	_____	_____

<u>Source</u>	<u>Category</u>	<u>Source</u>	<u>Category</u>
<b>Individual</b>		<b>Organization</b>	
Alumni .....	A	Foundations .....	E
Faculty/Staff.....	B	Corporations .....	F
Parents.....	C	Religious Organizations.....	G
Other Individuals.....	D	Other Organizations.....	H
Students.....	S	<b>Other</b> Benefits/Special Events Proceeds .....	I
<u>Usage</u>	<u>Category</u>	<u>Usage</u>	<u>Category</u>
Unrestricted .....	U	Library .....	LIB
Restricted Academic Division .....	RAD	Operations/Maintenance of Physical Plant .....	OMP
Research .....	RES	Student Scholarships .....	SS
Public Service/Extension .....	PSE	Other Restricted .....	OR

**Deposit Information:**

Total Donation Amount \_\_\_\_\_ Today's Date \_\_\_\_\_

Name of Account \_\_\_\_\_ Account Number \_\_\_\_\_

Person Making Deposit \_\_\_\_\_ Phone Extension \_\_\_\_\_