



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>
Individual		Organization	
Alumni	A	Foundations	E
Faculty/Staff.....	B	Corporations	F
Parents.....	C	Religious Organizations.....	G
Other Individuals.....	D	Other Organizations.....	H
Students.....	S	Other 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 _____