



DONATION DEPOSIT FORM

All checks must be made out to the HSCB Foundation, Inc. NO EXCEPTIONS.
Include the account name and/or number ONLY in the "for" or "memo" section of the check.

Within **5 business days** bring to **BSB M128-A or 2-71D**: 1) the completed **Donation Deposit Form**, 2) **all check(s) and their envelope(s)**, 3) originals or copies of any donor cards or correspondence about the gift from the donor. If you have questions, please call Philanthropy at 718-270-4418.

Donation Information:

Ck #1 Donor:

Address:

Ck #2 Donor:

Address:

Ck #3 Donor:

Address:

Ck #4 Donor:

Address:

Ck #5 Donor:

Address:

Ck #6 Donor:

Address:

CHECK CODING INFORMATION

Individuals				Organizations			
<u>Donor Category</u>	<u>Donor</u>	<u>Category</u>	<u>Donor</u>	<u>Category</u>	<u>Donor</u>	<u>Category</u>	
Alumni	A	Students	S	Foundations.....	E	Religious Organizations.....	G
Faculty/Staff.....	B	Other Individuals	D	Corporations.....	F	Other Organizations	H
Parents.....	C						
<u>Usage</u>					<u>The Donor & Donor Category</u>		
<u>Usage</u>	<u>Category</u>	<u>Usage</u>	<u>Category</u>	<u>Usage</u>	<u>Category</u> are determined by the name imprinted on the check.		
Academic Division.....	AD	Public Service.....	PS	Other Restricted	OR		
Library/Staff.....	LIB	Student Scholarship.....	SS	Unrestricted.....	U		

	<u>Donor Category</u>	<u>Amount \$</u>	<u>Usage Category</u>	<u>Comments/Info</u>	<u>Date Received</u>	<u>Check #</u>
Ck #1	_____	_____	_____	_____	_____	_____
Ck #2	_____	_____	_____	_____	_____	_____
Ck #3	_____	_____	_____	_____	_____	_____
Ck #4	_____	_____	_____	_____	_____	_____
Ck #5	_____	_____	_____	_____	_____	_____
CK#6	_____	_____	_____	_____	_____	_____

Deposit Information:

Total Donation Amount _____ Today's Date _____
 Name of Account _____ Account Number _____
 Person Making Deposit _____ Phone Extension _____