## **COLLEGE OF CHARLESTON FOUNDATION**

DEPOSIT FORM Wilson-Sottile House 66 George Street Charleston, SC 29424

## **DEPOSIT FORM**

NOTE: Deposits accepted Monday - Friday 9:00 am - 3:00 pm at Wilson-Sottile House, 11 College Way

- DO NOT SEND MONEY VIA CAMPUS MAIL.
- DO NOT LEAVE CASH IN STAFF MAILBOXES OR ON THEIR DESKS.
- DO NOT STAPLE DEPOSIT PAPERWORK.
- DO NOT COPY CHECKS.

Thank You!

<u>Part A.</u> To be completed by depositor. Use this form to provide information about the deposit you are making to your Foundation account.

- 1. Non-gift deposits should normally be sent to the Treasurer's Office of the College. If you are depositing "non-gift" funds, be sure to include an explanation below as to why the funds should go to the Foundation and explain the source of the funds. [ex: ticket sales/registration fees for fundraising event]
- 2. For gifts, be sure there is an address & phone number on the donor's check or correspondence.

| Date of Deposit  | Foundation Account Name |                            | Account Number |
|--|-------------------------|----------------------------|----------------|
|  |                         |                            |                |
|  |                         |                            |                |
|  | NON CITTO (4250)        | OUETS (4040)               |                |
|  | NON GIFTS (4350)        | GIFTS (4010)               | TOTAL          |
| Checks   |                         |                            |                |
| Currency/Coins   |                         |                            |                |
| Other  |                         |                            |                |
| Deposit Total  |                         |                            |                |
| •  | •                       |                            |                |
| EXPLANATION FOR NON-GIFT   | <u>ΓS:</u>              |                            |                |
|  |                         |                            |                |
|  |                         |                            |                |
| Depositor's Name   |                         | Depositor's Department     |                |
|  |                         |                            |                |
| Depositor's Phone Number   |                         | Delivered to Foundation by |                |
|  |                         |                            |                |
| PART B. To be filled out by Foundation Advancement Services/Financial Services |                         |                            |                |
| Deposit Accepted by  |                         | Receipt Number             |                |
| =  |                         |                            |                |