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**Deposit Form**

Use this form to submit cash or multiple checks for deposit to Community Foundation funds.

Person delivering money \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Deposit information** (use separate forms for money from different sources- i.e. donations, raffles, ticket sales)

|  |  |  |
| --- | --- | --- |
| **Cash for deposit** | Notes | **Non-Cash Items for Deposit** |
| Ones ($1) | $ |   | Checks | $ |
| Fives ($5) | $ |   | Money Orders | $ |
| Tens ($10) | $ |   | Credit Cards | $ |
| Twenties ($20) | $ |   | Other | $ |
| Fifties ($50) | $ |   | **Total Non-Cash** | **$** |
| Hundreds ($100) | $ |   |   |   |
| Coins | $ |   |   |   |
| **Total Cash** | **$** |   | **Total Deposit** | **$** |

Fund name for deposit \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of event \_\_\_\_\_\_\_\_\_\_\_\_

Describe Fundraising event: (attach flyer if available) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Money from: Auction \_\_\_\_\_Donations \_\_\_\_\_ Raffle \_\_\_\_\_ Tickets \_\_\_\_\_ Sales \_\_\_\_\_\_ Other \_\_\_\_\_\_

Were goods and/or services provided in exchange for funds? Yes \_\_\_\_\_ No \_\_\_\_\_\_

If yes, describe the goods and services provided \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Value $ \_\_\_\_\_\_

Signature of person delivering funds \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_

Signature of foundation staff receiving funds \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_