

FLORIDA ATLANTIC UNIVERSITY FOUNDATION 777 Glades Road, ADM 295 Boca Raton, FL 33431 Phone# 561-297-2891

DEPOSIT FORM

Date: Project Number:	Project Name:		
Total Deposit: \$ Receipt Amo	ount (Gift Portion) if any : \$		
Expendable Portion, if any, for Deposits to Endowed Funds:			
Form Prepared by:	Phone:		
Email address:	Campus Address:		
Delivered by:	Date:		
Received by Foundation:	Date:		
CONSTITUENT INFORMATION: ID# if known: email address:			
☐ Individual:			
☐ Organization:			
Name and Title of Organization Contact			
Address:City:			
State/Province: Zip Code: Phone:			
THIS DEPOSIT IS:			
☐ Gift ☐ Pledge ☐ Pledge Payment ☐ Matc	ching Gift Payment		
☐ Event Participation – Title:	Date(s) of event:		
Service/Workshop/Program Participation - Title:			
☐ Sponsorship – Level: Event/Program:			
☐ Membership - Type:		-	
Auction Purchase – Item:		_	
☐ Proceeds from merchandise sold (T-shirts, books, etc.):		_	
☐ Cost of goods sold: \$			
Reimbursement for FAUF expense, describe:			
Other:		-	
	narge to all non gifts or 2.5% charge to all g	ifts*	
IF DEPOSIT INCLUDES A GIFT:			
 □ Soft credit for gift to be applied to another constituent? If yes, □ Gift will be matched by donor's company – Attach organizati □ Gift is in □ memory □ honor of: 	ion's paperwork for Foundation to submit!		
Send Tribute Card to:			
Address:			
Additional Comments for Acknowledgment:		.	
ASSET INFORMATION: Cash Receipt Check payable to FAU Foundation, Inc. Stocks/Bonds			
□ Visa □ MasterCard □ Amex □ Discover Acct #: Exp Date:			
Name as it appears on the credit card:		-	