

Deposit Breakdown

Donor Name <i>(Include address if cash or credit card)</i>	Index Number	Total Amount	(-)	Amount of Benefit	Description of Benefit	(=)	Tax-Deductible Amount	Event Name/Notes
		\$	(-)	\$		(=)	\$	
		\$	(-)	\$		(=)	\$	
		\$	(-)	\$		(=)	\$	
		\$	(-)	\$		(=)	\$	
		\$	(-)	\$		(=)	\$	
		\$	(-)	\$		(=)	\$	
		\$	(-)	\$		(=)	\$	
		\$	(-)	\$		(=)	\$	
		\$	(-)	\$		(=)	\$	
		\$	(-)	\$		(=)	\$	
		\$	(-)	\$		(=)	\$	
		\$	(-)	\$		(=)	\$	
		\$	(-)	\$		(=)	\$	
		\$	(-)	\$		(=)	\$	

Total Amount of Deposit: \$ _____

Date: _____

Prepared by _____

Email: _____

Phone: _____

Departmental Signature: _____

Advancement Svcs. Signature: _____