



**MTSU Foundation**

The Foundation must receive the information on this form to properly receipt the donor and to comply with IRS regulations.

**Deposit Breakdown**

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

Total Amount of Deposit: \$ \_\_\_\_\_

Date: \_\_\_\_\_

Departmental Signature: \_\_\_\_\_

Development Signature: \_\_\_\_\_