MIDDLE TENNESSEE STATE UNIVERSITY

MTSU Foundation

Deposit Breakdown

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

Donor Name *(Include address if cash or credit card)*	**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:_____