

OSU FOUNDATION CASH/CHECK DEPOSIT FORM

Prepared by _____ Office _____ Phone _____ Date _____

Payer's Name: _____

Spouse Name: _____

Address: _____

Phone: _____

Gift Non Gift

Purpose _____

Primary ID#: _____

Joint ID#: _____

Group ID#: _____

Group ID#: _____

Record Date: _____

Gift Type: GF PP GK CO BQ GR

Source: C M H W T O

Tender: C Y S G T O

Credit Card Type: V M D A

Relationship: P J G C

Special Handling: _____

ID# _____

ID# _____

Primary Credit \$ _____

Joint Credit \$ _____

In Memory of: _____

In Honor of: _____

Appeal Code: _____

Major Gift Code: S C Date: _____

Matching Gift Info: Primary Donor

Company _____

Company ID# _____

Date Form Rec'd _____

Joint Donor

Company _____

Company ID# _____

Date Form Rec'd _____

Allocation #	Allocation Name	Amount	Receipt #

Coin/Currency Total: \$ _____

TOTAL GIFT AMOUNT: \$ _____

Cash Receipt #: _____

TOTAL NON GIFT AMOUNT: \$ _____

TOTAL DEPOSIT: \$ _____

ATTACH ALL RELATED BACK-UP INFORMATION & POSTMARKED OUTER ENVELOPE