

Date: _____

East Tennessee State University—Advancement Services

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Deposit Transmittal for ETSU Foundation Funds

Use this form to submit cash and check deposits to the ETSU Foundation. Please deliver to Advancement Services, Campus Box 70721, within 48 hours.

CASH: Deliver in person. CHECKS: Deliver in person or mail. IN KIND donations must be submitted using the *Gift-in-Kind Donor Form*. CREDIT CARD deposits must be submitted using the *Credit Card Authorization Form*. Submitting MULTIPLE checks or cash items: For the same designation(s)/index, list all donors and donation details and attach all related correspondence. DO NOT staple or tape items to this form. For different designation(s)/index, please use a separate form.

NOTE: If you do not comply with the above instructions, it could result in processing delays or inaccuracies.

E# (if known)	Name / Organization	Mailing Address / Organization Contact Person	Check#/ Type	Amount
1.				
2.				
3.				
4.				
5.				
6.				
7.				

CHECK TOTAL \$_____ CASH TOTAL \$_____ GRAND TOTAL \$_____

DESIGNATION: _____

CHART & INDEX #: _____

DEPOSIT INFORMATION

Were good(s) or service(s) received in relation to these funds? Yes ☐ No ☐

If yes, please describe the good(s) or service(s) and the value of each: _____

Were these funds generated through sales? Yes ☐ No ☐

If yes, please describe the sales activities: _____

Fundraising Special Event ☐ _____
(Event name or description)

Gift Amount \$_____ Non-gift Amount \$_____

Other or Non-Gift ☐ _____
(Description)

In memory ☐ or honor ☐ of : _____

Send acknowledgement to: Name: _____

Address: _____

City/St/Zip: _____

I certify that these funds should be deposited in the ETSU Foundation account listed and not in a University account. Any restrictions on gifts will be adhered to and properly accounted for. All relevant information pertaining to the nature of this deposit has been disclosed and any supporting documentation or correspondence has been attached.

Prepared by: _____
Printed Name / Signature (required)

Date: _____

Department: _____ Phone: _____ Fax: _____

** ADVANCEMENT SERVICES USE ONLY **

Date Received:		Received by:		CODING BLOCK
Coded by:				