

Instructions for Deposit Slip Use

The attached deposit slip can be used to record all information needed by Advancement Services to process a donation. **Returning this slip with your donation is the BEST way to ensure that donations are recorded and processed successfully.**

1. Specify which entity your donation belongs to. (Foundation-FDN, Athletics-ATH, Alumni-ALU)
Note: *Most* donations will go to the **Foundation** unless specifically stated otherwise.
2. Specify the payment method-- **Cash, Check, Gift-In-Kind (GIK), Non-Gift, or Credit Card** and fill out the corresponding section.
 - **Gift-In-Kind:** This is any donation that comes in the form of items purchased instead of money directly given. (supplies, food, etc.) These donations should be returned with a **Gift-In-Kind form**.
 - **Non-Gift:** Payments made to your program that are NOT donations. (Ticket sales, registration fees, merchandise sales, etc.)
3. Write in the donor's first and last name.
4. Write the name of the fund the donor wishes to contribute to (specific sport, specific scholarship/endowment, etc.)
5. Next to "**Appeal,**" write the donor's reason for donating (in memory/honor of someone, for a specific event, mailing response, etc.)
 - If the donor was **asked to make a contribution**, be sure to write the name of the person who solicited their donation next to "**Solicitor.**"
 - The **Reference** section can be used to further specify the appeal (e.g., If a donation was given in memory of someone, you can write "IMO" on the Appeal line, and the person's name on the Reference line)
6. Write your name and department on the **Submitted by** and **Dept.** lines.

If you have any **questions**, we are happy to help!

Contact the *Advancement Services Gifts Processor*, **Aryah Buckmon** at **(706)-507-8957**

Deposit Slip

Entity: _____

Today's Date _____ Cash \$ _____ Check # _____ \$ _____

GIK _____ Non-Gift \$ _____

Donor Name _____ ID: _____

Soft Credit _____ ID: _____

Fund # _____ Fund Name _____ Amt \$ _____

Fund # _____ Fund Name _____ Amt \$ _____

Appeal _____ Solicitor _____

Reference _____

Submitted by _____ Dept. _____

 Credit # _____ Exp _____ Type _____ CVV _____ Amt \$ _____

Please complete form with as much information as possible. Fields outlined in red are required. For questions and to submit, please email Gifts Processor Aryah Buckmon at buckmon_aryah@columbusstate.edu