

Purpose

This form is to be used to receipt cash gifts that have been directly deposited at SIUC or University Related Organizations. These gifts will be entered into the Foundation's development system and produce a university gift acknowledgement.

Instructions

- 1. Complete and forward to the SIU Foundation no later than five working days after receipt of gift.
- 2. Include copy of check and all copies of correspondence relating to gift.

DONOR						
Advance Donor ID# (if available):						
Name:						
· (last)		(first)		(middle)		
'Care of' or fAttention offii						
Street Address:						
City:	State:	Zip Code:	Country:			
Amount of Gift \$	Check Number:		Date Received:			

RECIPIENT

Account Title:	University Acct. I	Number	0850/0402 Object Code AIS/FAS
Department Name:			
*** Please provide the following information ***			
Purpose:			
Comments:			
Restrictions (if any):			
Person to contact for additional information:		Phone:	
This form prepared by:		Date pre	pared:

IMPORTANT: ATTACH COPIES OF ANY CORRESPONDENCE AND ENVELOPES