

Date: \_\_\_\_\_

The attached assets are a deposit for **Fund Number:** \_\_\_\_\_

**FUND NAME:** \_\_\_\_\_

**Primary Development Officer associated with this gift:** \_\_\_\_\_

- |   |  |                                       |
|---|--|---------------------------------------|
| <b>Gift:</b><br>(will receive an acknowledgement)         | <input type="checkbox"/> Gift/Contribution     | (cash, check, credit card)            |
|   | <input type="checkbox"/> Gift-in-kind          | (non-cash, attach WUF-P)              |
|   | <input type="checkbox"/> Pledge payment        | (cash, check, credit card)            |
|   | <input type="checkbox"/> Memorial/Tribute Gift | (provide acknowledgement information) |
| <b>Non-Gift:</b><br>(will not receive an acknowledgement) | <input type="checkbox"/> Expense refund        | (original Foundation Ck# _____)       |
|   | <input type="checkbox"/> Other                 | (explanation/reason for deposit)      |

For gifts, was any *quid pro quo* provided to donor? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 (if yes, attach WUF-C)

- Type of Asset:**
- Cash (hand carry to the Foundation and obtain receipt)
  - Checks (limit of 30 checks per transmittal)
  - Credit Card Check one:  M/C Visa  Amex
  - Other (explain: \_\_\_\_\_)

The following information is required for each asset deposited. Attach an additional sheet if necessary. Address information is required for every donor/payer for receipting purposes. Incomplete information may result in processing delays. Attach copies of correspondence.

Name of Donor/Payer	Address Information	Amount	Appeal Code
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Whenever possible, checks should be made payable to the Winthrop University Foundation. Checks made payable to Winthrop University or any University entity, such as a college, department or program, which clearly represents gifts to the University, may be deposited in the appropriate Foundation fund.

For audit purposes:

- 1) Please attach copies of all correspondence relative to the deposit.
- 2) WUF cannot accept funds if they involve contract deliverables, fees-for-services, or tuition for specific students
- 3) Attach form WUF-C to describe any *quid pro quo* provided to donors. Absence of form WUF-C indicates no *quid pro quo* provided.

Signature of Fund Administrator or Dean/Director/VP \_\_\_\_\_ Date \_\_\_\_\_ Phone # & ext. \_\_\_\_\_

Prepared By (please type or print) \_\_\_\_\_ Date \_\_\_\_\_ Phone # & ext. \_\_\_\_\_