

SOUTHERN OREGON UNIVERSITY FOUNDATION

1250 Siskiyou Boulevard • Ashland, OR 97520 • (541) 552-6127 • www.soufoundation.org

AFFILIATE / DEPARTMENT DEPOSIT FORM

Please attach all correspondence from the donor and additional paperwork pertaining to any portion of this deposit. All checks must be payable to the **SOU Foundation**. Submit deposits for different departments, funds, and events on separate forms.

Date: _____ R'cvd by: _____

Submitted by: _____

Phone #: _____

Department: _____

Total Deposit Amount: \$ _____

Department / Fund: _____

Appeal / Event / Purpose: _____

Deposit Breakdown: \$ _____ Personal check
\$ _____ Corporate check (Please provide contact name(s))
\$ _____ Credit card
\$ _____ Cash

NOTE: All Checks must be payable to the **SOU Foundation**.

Is any donor in this deposit receiving **benefits**? (Provide detail) Yes No

Is any gift in this deposit **anonymous**? (Provide detail) Yes No

Is any gift in this deposit **match-eligible**? (Attach form) Yes No

Is any gift in this deposit an **honorarium or memorial**? (Provide detail) Yes No

If yes to any of the above, have you **attached required paperwork**? Yes No

Comments (including donor updates):