WEST LIBERTY UNIVERSITY FOUNDATION

**DEPOSIT FORM**

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| **NOTE: Deposits accepted Monday – Friday 8:30am – 3:30pm Shaw Hall Room #219*** **DO NOT SEND MONEY VIA CAMPUS MAIL**
* **For any questions please call 304-336-8498**
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Part A. To be completed by depositor. Use this form to provide information about the deposit you are making to your Foundation account.

1. If you are depositing Miscellaneous Income, be sure to include the source of funds [ex: ticket sales, registration fees, apparel sale, etc.]
2. For Contributions, be sure there the donor’s name and address is included on the check or correspondence.

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| --- | --- | --- |
| **Date of Deposit** | **Fund Name** | **Fund Number** |
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| --- | --- | --- | --- |
|  | **Miscellaneous Income** | **Contributions** | **Total** |
| **Checks** |  |  |  |
| **Currency/Coins** |  |  |  |
| **Total** |  |  |  |

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| **Explanation/Source for Miscellaneous Income:** |

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| **Depositor’s Name** | **Depositor’s Department** |
| **Depositor’s Phone Number** | **Delivered to Foundation by** |

Part B. To be filled out by a Foundation Staff Member

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| **Deposit Accepted by** | **Date Accepted** |