



CALIFORNIA STATE UNIVERSITY  
**FULLERTON**

**Philanthropic Foundation**

Deposit Date: \_\_\_\_\_ Deposit Slip # Internal purposes only

Depositor: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Required Fields**

Gift  Non-Gift  Tribute  Pledge  Membership

Account Name/Numb.: \_\_\_\_\_

Account Name/Numb.: \_\_\_\_\_

Proposal: \_\_\_\_\_

Appeal/Campaign: \_\_\_\_\_  Cash  Check  Credit Card

Total: \$ \_\_\_\_\_ Benefit Value: \$ \_\_\_\_\_ Check #: \_\_\_\_\_

**Donor Information:**

Advance ID: \_\_\_\_\_  Mr.  Mrs.  Ms.  Dr.

Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Credit Card: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Sec Code: \_\_\_\_\_

CC Address: \_\_\_\_\_

\_\_\_\_\_

In Memory  In Honor  Assoc. Donor Advance ID: \_\_\_\_\_

Name: \_\_\_\_\_

Comments/Notes: \_\_\_\_\_

\_\_\_\_\_

See reverse for additional notes  Staff Credit: \_\_\_\_\_