DEPOSITS

CAMERON UNIVERSITY FOUNDATION, INC.

Account Number _____ Date _____

Account Name _____

CASH OR CREDIT CARD (circle one)

Event _____

Name_____ Amount $_____

Address _____ City, State, Zip _____

CHECKS Event

CHECK#	NAME ON CHECK	CHECK AMOUNT
TOTAL		

Department (mail) _____ _____
(Signature of person transmitting funds) Date

Cashier _____ _____
(Signature of person receiving funds) Date