



Foundation

Contributions Deposit Transmittal

Department _____ Account No. _____ Date _____

This deposit contains only one of the following. Please specify: ☐ Cash or ☐ Checks

For Credit Card transactions, please use the Credit Card Deposit Transmittal.

Please specify only one account number per sheet.

1. This form is for **Contributions only**.
2. Attach copies of all correspondence received from donors and any other supporting documents.
3. Each gift must be listed individually.
4. Gifts of \$25 or more will be acknowledged by the Office of Development unless we are otherwise notified. Please be sure to list contact name and address if not in supporting materials. This is especially important for corporate or foundation contributions.
5. This form should be transmitted to: LSU New Orleans Foundations, Advanced Technology Center, Ste. 420.
6. PLEASE PRINT OR TYPE ALL INFORMATION. These templates are available through e-mail.

NAME OF DONOR	AMOUNT	CONTACT (if other than donor) Specify address if not on supporting documents.

Total: \$ \$ 0.00

Prepared by: _____

Ext: _____