

ASSET TRANSMITTAL

Date: _____

Prepared by: _____

The attached assets are a deposit for:

Fund Name/Event: _____

Gift:

- Gift/Contribution
- Gift In-Kind
- Pledge Payment
- Memorial/Tribute Gift

Quid Pro Quo provided: Yes ___ No ___ Specify _____

Type of Asset:

- Cash
- Checks
- Credit Cards
- Other (Explain: _____)

The following information is required for each asset deposited. Attach an additional sheet if necessary. Address information is required for every donor/payer for receipting purposes. Incomplete information may result in processing delays.

Name of Donor Company/Organization	Contact Person	Address (if not on check)	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

For audit purposes, please attach copies of all correspondence relative to the deposit.

Foundation Office Use:

Fund ID: _____