

**DEPOSIT SLIP**

**DONATIONS ONLY**

To: UW-W Foundation – Julie Abramson Date: \_\_\_\_\_  
From: \_\_\_\_\_ Fund Description: \_\_\_\_\_  
Department: \_\_\_\_\_ Fund Number: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

***\*Please Print\****

| DONATIONS                    |                                |        |
|------------------------------|--------------------------------|--------|
| Donors Name Or Business Name | Contact Name for Business Only | Amount |
|                              |                                |        |
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***Contact person mandatory for all Business***

Total Donations: \$ \_\_\_\_\_

Signature: \_\_\_\_\_

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Total Donations: \$ \_\_\_\_\_

Signature: \_\_\_\_\_