

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 |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Contact person mandatory for all Business

Total Donations: \$ _____

Signature: _____

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 |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Contact person mandatory for all Business

Total Donations: \$ _____

Signature: _____