

DEPOSIT SLIP

DONATIONS ONLY

To: UW-W Foundation – Julie Abramson Date: _____
From: _____ Fund Description: _____
Department: _____ Fund Number: _____
Phone Number: _____ Pledge Payment?: Yes No

****Please Print****

DONATIONS		
Donors Name Or Business Name	Contact Person for Business Only	Amount

*****Contact person mandatory for all Business***

Total Donations: \$ _____

Signature: _____

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