

DEPOSIT SLIP

DONATIONS ONLY

To: UW-W Foundation / Alumni Center Date: _____
From: _____ Fund Description: _____
Department: _____ Fund Number: _____
Phone Number: _____ Pledge Payment?: Yes / No
Campaign/Appeal: _____ Mem/Honor Gift? Name: _____

****Please Print****

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

Contact person mandatory for all Business

Total Donations: \$ _____

Signature: _____

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