

This form must be hand-delivered to the CSUN Foundation. Attach original supporting documentation, copies of other correspondence and envelopes. One form per pay method.

Date _____

Pay Method: Cash Check Credit Cards- To Process
 Credit Cards (Already processed by hand held): Terminal _____ Batch # _____

FUND INFORMATION

Fund Name _____ Fund ID _____

Special Handling

DEPOSIT BREAKDOWN

Donation _____
Event _____ Event Name _____
Membership _____
Other _____

Deposit Total: _____ # of Transactions _____

Did the constituent(s) receive any benefits in exchange for this payment? No Yes, Indicate Value _____

Description of Benefits

Contact Person for Questions: Name _____ Extension _____

FOUNDATION USE ONLY

Received By (Name)

Signature

Date