

**Humboldt State University ♦ Gift Processing Center  
HSU Donation Deposit Form**

Date: \_\_\_\_\_ Name of Department: \_\_\_\_\_

Trust Account Name: \_\_\_\_\_

Trust Account #: \_\_\_\_\_

Activity/Event (describe if necessary): \_\_\_\_\_

Signature \_\_\_\_\_ Phone \_\_\_\_\_

Total Number of checks: \_\_\_\_\_ Total Amount: \$ \_\_\_\_\_

**DONATIONS** (Use additional deposit forms if necessary)

<i>Donor's last name:</i>	<i>Type of Payment*</i>	<i>Amount Received</i>
1		\$
2		\$
3		\$
4		\$
5		\$
6		\$
7		\$
8		\$
9		\$
10		\$
11		\$
12		\$
13		\$
14		\$
15		\$

\*cash, check or credit card

**Please use the Gift Proposal Form for non-cash/In-kind gifts**

Cash Breakdown	For Use by Cashier Only
50/100's _____	
20's _____	
10's _____	
5's _____	
1's _____	
coin _____	
TOTAL _____	