

Humboldt State University ♦ Gift Processing Center
HSU Donation Deposit Form

Name of Submitting Department: _____ Date: _____

Total # of Payments: _____ Total Amount \$ _____

Donor/Organization # 1: _____

AF Fund: _____ AF Account # _____

Type of Payment: _____ Check/Money Order # _____ Amount: _____

Comments: _____

Donor/Organization # 2: _____

AF Fund: _____ AF Account # _____

Type of Payment: _____ Check/Money Order # _____ Amount: _____

Comments: _____

Donor/Organization # 3: _____

AF Fund: _____ AF Account # _____

Type of Payment: _____ Check/Money Order # _____ Amount: _____

Comments: _____

Signature: _____ Phone: _____