USM Foundation

SERVING THE UNIVERSITY SYSTEM *of* MARYLAND

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DEPOSIT FORM - GIFTS

CAMPUS: _____

ACCT NUMBER:	ACCT NAME:	DONOR *	GIFT AMOUNT	NON-GIFT AMOUNT
		Sub-Totals		
		Total Deposit		

Signature _____ Date _____ E-mail _____ Telephone # _____

*** Each donor, per account, should be listed on a separate line with the corresponding dollar amount for the gift and, if applicable, any non-gift portion of their check. If multiple donor checks are attached for a particular account show donor as "Various" and provide total amounts for all checks for that account line. Provide documentation with checks that clearly indicates donors' intended purpose of their donations and non-gift purposes and amounts if applicable.**

DO NOT SEND CASH. SEND CHECKS OR MONEY ORDERS ONLY!

UMBC, UMUC, UMCP & UMES should send form and checks to their respective campus gift processing offices