

## **MTSU Foundation**

The Foundation must receive the information on this form to properly receipt the donor and to comply with IRS regulations.

## Deposit Breakdown

Donor Name (Include address if cash or credit card)	Index Number	Total Amount	(-)	Amount of Benefit	Description of Benefit	(=)	Tax-Deductible Amount	Event Name/Notes
		\$	(-)	\$		(=)	\$	
		\$	(-)	\$		(=)	\$	
		\$	(-)	\$		(=)	\$	
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		\$	(-)	\$		(=)	\$	
		\$	(-)	\$		(=)	\$	
		\$	(-)	\$		(=)	\$	
		\$	(-)	\$		(=)	\$	
		\$	(-)	\$		(=)	\$	
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		\$	(-)	¢		(=)	¢	
		Ψ	(-)	Ψ		(-)	Ψ	
			, .			, .		
		\$	(-)	\$		(=)	\$	
		\$	(-)	\$		(=)	\$	
Total Amount of Deposit: \$	Prepared	by			— Departmental Signa	ture	<u>:</u>	

	\$	(-) \$		(=) \$				
Total Amount of Deposit: \$	Prepared by		— Departmental Signa	ture:				
Date:	Email:		Advancement Svcs.	Advancement Svcs. Signature:				
	Phone:							