**Deposit Detail & Financial Summary**

**For Club Fundraisers only:**

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Event Expenses</td>
<td></td>
</tr>
<tr>
<td>Total Event Revenue</td>
<td></td>
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<tr>
<td>Net Profit</td>
<td></td>
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</tbody>
</table>

Name of Club Organization ____________________________
Club/Organization Index: ____________________________
Account: ____________________________
Type of Activity: ____________________________
Date of Activity: ____________________________
Description: ____________________________

**MAKE ALL CHECKS PAYABLE TO ECSU**

Check # or If possible, list all individuals you received cash or checks from.

<table>
<thead>
<tr>
<th>“X” for Cash</th>
<th>Name &amp; other information</th>
<th>Amount</th>
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</thead>
<tbody>
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</tbody>
</table>

Total Bills:
Total Coins
Total Checks
Deposit Total

**Treasurer or Designee Signature**

**Second Signature for Night Deposits**

All funds must be deposited to your fundraising account. These accounts will have a “K” or an “H” in the fourth place of your club Banner Index

**E-Mail Address for electronic receipt:** ____________________________

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A University of the CSU System ■ An equal opportunity institution
Office of Institutional Advancement
GIFT ACCEPTANCE FORM
PLEASE READ REVERSE SIDE

All gifts of money and personal or real property must be accepted by the University. To initiate this process you are asked to complete parts I through III only on this form and forward it to the Office of Institutional Advancement. In part III, please complete A or B and C. Please send a copy of this form and the check or stock certificate to the Office of the Bursar.

Date: ___

I. Person completing this form (Receiver of gift):
Name and title: _______
Department: _______
Telephone number: _______

II. Donor name: _______

III. Donor address: _______

|^ 1) Alumni | 2) Parent | 3) Friend | 4) Foundation |
|^ 5) Corporation/ Business | 6) Religious Organization | 7) Fundraising Consortium | 8) Other |

Please check box to the left if this gift is from a foreign source.

IV. A) If the gift is cash or securities:
1) Fill in the cash amount: $ ______
2) Fill in the sequence number (the sequence number is an internal number assigned by the gift solicitor to keep track cumulatively of a solicitation.) ______
2) If securities, list the company here: ______

B) If the gift is other than cash or securities:
1) Description of the gift ______
2) Location of the gift: ______
3) Value of the gift: $ ______
4) Valuation method: ______
5) Itemize below the costs of accepting gift if tangible personal or real property:
   _____ Total Costs: $ ______

C) Donor restrictions on use of the gift, if any (attach supporting documentation): ______

Acceptance costs to be charged to:
Department: _______
Telephone number: _______
Dept. Chair/Supervisor Signature: ____________________________
Signature of Dean/Vice President: ____________________________
Recommendation of Gift Acceptance: __________________________

IV. Institutional Advancement Office Action:
Signature: ____________________________ Date: ___

Board of Trustee Approval Required: _____ Yes _____ No
Board of Trustee Resolution #: ____________________________ State Treasurer: ____________________________

V. Fiscal Affairs Action (Required only for gifts of cash, securities, or if Item B-5 above has costs.)
Signature: ____________________________ Date: ___
Index: ____________________________
Index description: ____________________________
Account: ____________________________
Offices Consulted: ____________________________
Name: ____________________________
Recommendation: ____________________________

COPIES: Institutional Advancement ♦ Receiving (Inventory Control) ♦ Cashier ♦ Other: ____________________________