Request to Deposit Funds with the LMC Foundation in to the following account: _____

Check Number	*From Whom*	*For What Purpose*	*Dollar Amount*	*Check Dated*
		Select One		
		Select One		
		Select One		
		Select One		
		Select One		
		Select One		
		Select One		
		Select One		

Deposit Total $ 0.00 -

Deposited by: **Phone:** Printed on: May 06, 2015

Received by

Foundation staff signature _____ *on* _____

Print

Please note:

-The Foundation office accepts no cash. Take all cash to campus Cashier.
- This form will be signed by the Foundation office and returned to you as verification of your deposit.
-**Send completed Deposit Form and checks in sealed envelope to Jennifer Dyment - DO Foundation Services (925 229 6835)**