Request to Deposit Funds with the LMC Foundation in to the following account: <Select 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	-

Prepared by: _____ **Phone:** _____

Received by

Foundation staff signature _____ *on* _____

Checks **MUST** be made payable to Los Medanos Foundation \ LMC Foundation \ LMCF

Please note:

-The Foundation office accepts no cash.
-Submit completed form with checks to be deposited to DO Foundation Service.
-This form will be signed by the Foundation office and returned to you as verification of your deposit.

Print