



University of South Carolina Aiken

DEPOSIT TRANSMITTAL

Date: _____

Deposit Amount: _____

Donor(s) Name: _____

Deposit Account Number: _____ Deposit Account Name: _____

Form of Deposit: CASH CHECK

Is this all Donation? YES NO

If not, please list amount: Donation Amount: _____ Quid Amount: _____

Special Instructions: _____

Department Contact Name: _____ Phone Ext.: _____

SIGNATURES REQUIRED:

Delivered by: _____

Received by: _____ Date: _____