

Multiple Deposit Form												
Deposit Date:				Depositor:			Phone Number:					
Received Date:	<u>e)</u>			Received by:								
Donor Informati												
New Donor*	Advance ID/ CWID	Name/Company	Account #	Deposit Type	Transaction Type	Collection Type	Total Deposit	Benefit Amount	Check #	Appeal #	Proposal #	Pledge #
*For new donors, please provide required additional information (address, phone, email) in comments section												
Comments:												