



Program Donation & Payment Deposit Form

Please fill out this form completely when sending deposits of donations or payments to United Charitable for your program. Be sure to include a telephone number where you can be reached if we have any questions. **Do not** endorse any checks to your program. Checks can be made payable directly to the name of your program or to United Charitable with your program name on the memo line. Please make sure to distinguish between payments and donations. Send the completed form to United Charitable at the address above. **Type or print clearly.**

Program Name: _____

Program #: _____

Please select donation/payment type (Please use separate form for different donation or payment types.)

- General Donation/Gift Event Revenue (Name of Event: _____ Date of Event: _____)
- Program Services (Ex. Admission Fees) Government Grant Grant Other Note Receivable LP Distribution

Donations/Payments

Deposits may contain both donations and payments in one check. When the donor receives something of value in return for their donation, the Fair Market Value (FMV) of the item is considered a payment and is not tax-deductible. The difference between the amount pay and the FMV of the item is the donation amount, which is tax-deductible.

Check #	Name of Donor/Payee	Donation Amt. (tax-deductible)	Payment Amt. (not tax-deductible)	Total Check Amount
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____

Total Deposit: _____

Program Manager's Attestation: Neither you nor any of your family members – or any entity in which you (or your family) own 35% or more interest may donate to your program at United Charitable. This is a strictly enforced IRS guideline. All donations and payments made to our programs are under the full legal authority of United Charitable.

Signed: _____ Printed: _____ Date: _____ Phone #: _____

Office Use Only:			
Initial Review: _____ <input type="checkbox"/> Endorsed Check <input type="checkbox"/> Review Donation Form <input type="checkbox"/> Photocopied Check (> \$250) # of Checks Rec'd _____	Inputted By: _____ <input type="checkbox"/> Entered Checks	Approved & Posted: _____ <input type="checkbox"/> Approve & Post <input type="checkbox"/> Entered into Batch	If Event Revenue: JE#: _____