



CHECK DELIVERY FORM

Gift Account Information:**Name of Cost Center:****Check amount:****Cost Center #****Name of donor:****FRS#Cost Center #****College/Department Information:****Name of staff member making delivery:****Date:****College/Department:****Ext:****Checklist of documents needed:**

- Original check
- Envelope the check came in
- Letter/note from donor

Signature of University Advancement staff:

Received by

Date
