

# LSU Health

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## FOUNDATION

### NEW ORLEANS

### DEPOSIT SLIP

Department:

Checks must be made payable to the "LSU Health Foundation, New Orleans" or to the specific name of the individual fund. Checks made payable to the LSU Health Sciences Center must be accompanied by documentation from the donor indicating that the funds are designated for a Foundation fund.

Account #	Donor	Donation	FMV of Goods & Services	Other	Total Amount
Total Deposit \$:					

Acknowledge (if other than the donor):  
 Name:   
 Address:

- Certification of intent attached for checks not payable to the Foundation
- Matching Gift / Forms Attached

In memory/honor of:   
 (If in Honor of, please state occasion, ex. Birthday, retirement, anniversary)

Please attach a letter from the donor.

Prepared by:  Phone:  Date:

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