



LWVNYS EF Grant Management Service
 League of Women Voters of New York State Education Foundation
 62 Grand Street, Albany, NY 12207
 Phone: (518) 465-4162 Fax: (518) 465-0812

DEPOSIT FORM

Date: _____ LWV of: _____

Name of Depositor: _____ Signature of Depositor: _____

Title: _____ Telephone #: _____

TOTAL AMOUNT DEPOSITED \$ _____ TOTAL # OF CHECKS _____

FOR LWVNYS EF USE Date Received: _____
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Please Include the Details of Your Deposit Below

(Please make sure the total amount of all checks equals total amount for deposit listed above)

Ck # _____	Amount _____	Ck # _____	Amount _____
Ck # _____	Amount _____	Ck # _____	Amount _____
Ck # _____	Amount _____	Ck # _____	Amount _____
Ck # _____	Amount _____	Ck # _____	Amount _____
Ck # _____	Amount _____	Ck # _____	Amount _____
Ck # _____	Amount _____	Ck # _____	Amount _____
Ck # _____	Amount _____	Ck # _____	Amount _____
Ck # _____	Amount _____	Ck # _____	Amount _____

If funds should be allocated to subaccounts within your grant management account, please provide the information here:

General account:	Amount
Subaccount: _____	\$ _____
Subaccount: _____	\$ _____
	\$ _____ Total