

Gift Transmittal Form

Student Organization Name: _____ Account Number: _____ Date: _____

Check#/Cash	Amount	Donor name	Address	E-mail
<input type="checkbox"/> Check # _____ <input type="checkbox"/> Cash				
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<input type="checkbox"/> Check # _____ <input type="checkbox"/> Cash				

Organization Authorized Signer: _____ Received by: _____

FOR A.S. ACCOUNTING OFFICE USE ONLY

Fund Account Number: _____ Total Amount Received \$ _____ Check Request Processed by: _____

Deposit Completed by: _____ Date _____



For assistance completing this form, email Associated Students at: as.RSObanking@sdsu.edu. Completed forms should be mailed to: Associated Students
5500 Campanile Dr. suite 320 San Diego, CA 92182 with the checks listed above.