Southern University System Foundation

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Post Office Box 2468
Baton Rouge, Louisiana 70821-2468
Phone #: (225) 771-3911
Fax #: (225) 771-3242

CREDIT CARD TRANSMITTAL FORM

Account Name:_____ Contact:_____

Date:_____ Telephone No.:_____

TYPE OF DEPOSIT

☐ Endowment Gift ☐ Non-Endowment Gift

☐ Repayment of Advance ☐ Expense Refund

☐ Other Please Specify:_____

NAME OF DONOR OR PAYER	ADDRESS	3-digits V-CODE*	CREDIT CARD NUMBER	AMOUNT	EXPIRATION DATE	CARD TYPE
						AMX
						AMX
						AMX
						AMX
						AMX
						AMX
*VCODE appear on back of credit card		TOTAL		$ 0.00		

NOTE: For audit purposes copies of all correspondence relative to the deposit should be attached. Checks made payable to Southern University System Foundation or any University entity, such as college or department, requires the donor's written permission to deposit these funds in the foundation.

Received/Verified by:_____ Date_____

*Upon verification and signature by authorized personnel in the Accounting office of the Southern University System Foundation, retain a copy for your records.

RESET

Revised 1/06