

Southern University System Foundation

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 Post Office Box 9562
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 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	Authorization Code	CREDIT CARD NUMBER	AMOUNT	EXPIRATION DATE	CARD TYPE
*VCODE appear on back of credit card			TOTAL	\$		

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.