

*The*  
**TENNESSEE 4-H FOUNDATION**  
*est. 1953*

**Deposit Request**

Date: \_\_\_\_\_

Amount: \$ \_\_\_\_\_  Cash  Check # \_\_\_\_\_

Account Name: \_\_\_\_\_

Received From: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Account Manager: \_\_\_\_\_

Account Manager's Signature: \_\_\_\_\_

Deposit Type (Check One):

Gift  Sales

Endowment Gift  Registration Fees

This gift was made in:

In memory of: \_\_\_\_\_

In honor of: \_\_\_\_\_

The notification should be sent to: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Other Information:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Return deposit request  
 and funds to:  
**Tennessee 4-H Foundation**  
**2621 Morgan Circle**  
**205 Morgan Hall**  
**Knoxville, TN 37996-4510**

Questions?  
 (865) 974-7434

**This section is completed by  
 4-H Foundation Staff.**

\_\_\_\_\_  
 Received By

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Logged By

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Received By

\_\_\_\_\_  
 Date