

ST. PIUS X RESTRICTED GIFTS - DEPOSIT RECONCILIATION CHECKS

Date _____

Name _____
(Print name of person preparing this sheet)

			RESTRICTED GIFTS INFORMATION-See Chart Below	
CHECK #	CK. AMOUNT	NAME ON CHECK	DEPARTMENT	DONOR'S INTENTION (PURPOSE OF GIFT)
1				
2				
3				
4				
5				
6				
7				
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17				
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19				
20				
21				
22				
23				
24				
25				
TOTAL	\$ -			

RESTRICTED GIFTS CHART-Please be as specific as possible

<p>DEPARTMENT</p> <p>Academics: indicate SPECIFIC department</p> <p>Athletics: indicate SPECIFIC sport (i.e. Boys, Middle School, name the sport)</p> <p>Arts: indicate SPECIFIC program (i.e. Drama, Dance, Band, Visual Arts, Guitar, Chorus, etc.)</p> <p>Extracurricular: indicate SPECIFIC club</p> <p>Campus Ministry</p> <p>Other (i.e. Tuition Assistance, Book Scholarship, etc.)</p>
<p>DONOR'S INTENTION (Purpose of Gift)</p> <p>General Program Donation</p> <p>Sale of items to benefit Program: i.e. DVDs, calendars, old uniforms, playoff patches, etc. PLEASE SPECIFY</p> <p>Tournament</p> <p>Masses</p> <p>Mission Trip</p> <p>Other (Please specify)</p>

