

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				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
TOTAL	\$ -			

RESTRICTED GIFTS CHART-Please be as specific as possible

DEPARTMENT

Academics: indicate SPECIFIC department
 Athletics: indicate SPECIFIC sport (i.e. Boys, Middle School, name the sport)
 Arts: indicate SPECIFIC program (i.e. Drama, Dance, Band, Visual Arts, Guitar, Chorus, etc.)
 Extracurricular: indicate SPECIFIC club
 Campus Ministry
 Other (i.e. Tuition Assistance, Book Scholarship, etc.)

DONOR'S INTENTION (Purpose of Gift)

General Program Donation
 Sale of items to benefit Program: i.e. DVDs, calendars, old uniforms, playoff patches, etc. PLEASE SPECIFY
 Tournament
 Masses
 Mission Trip
 Other (Please specify)

