

**MEDICAL COLLEGE OF GEORGIA FOUNDATION, INC.  
DEPOSIT INFORMATION FORM**

To: MCGF Revenue Accountant

From:

Date:

CONTRIBUTOR INFORMATION:

Type of Receipt (Gift or Other)

Donor Name (Individual)

Donor Name (Corporation)

Title & Position

Organization

Address

MCGF Fund Name

MCGF Fund Code Number

Amount

Acknowledgement

FOR MCG USE ONLY:  
DATE DEPOSIT RECEIVED