WESTVIEW FOUNDATION

# Check Deposit Form

Event Name:_____

**Instructions: List each check and make copies of all checks. Total each column and fill in a description for the Other/Specify column, if applicable. Attach checks, check copies and place in the Westview Foundation mail box in the staff lounge at Westview. Please keep a copy for your records.**

| Last Name/First Name (Please Print) | Check # | Other/Specify (Other than event) | Check Total | Estimated Value of Goods /Services Provided to Donor (See Guidelines) |
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| **Total this page:** | | | | |

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| **Group Name:** | |
| **Prepared by:** | |
| **Phone:** | |
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