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CONNECTING FAMILIES INTERNAL DEPOSIT

Please PRINT CLEARLY.

Requestor Information

County/Area: _____ Date: ___/___/___
Name of requestor: _____ Title: _____
Phone Number: _____ E-mail address: _____

DEPOSIT

Please record and process for deposit the following: Total amount of deposit: \$ _____

- Check(s): Number of checks _____ Total amount of check(s) \$ _____
Money Order(s): Number of money orders _____ Total amount of money orders(s) \$ _____
Cash: \$ _____ (Convert to check or money order prior to mailing.)

Source - Indicate what type of appeal you made to receive the donation, ex. phone call, letter, or fundraiser event

Designation - Indicate if contribution is to be used for, or restricted to, a specific purpose, i.e.: holiday party, etc.

Type of Deposit: Friends of embrella Donation

Table with 2 columns: Field Name, Date. Rows: Received By, Completed by.