

MEDICAL COLLEGE *of Georgia* FOUNDATION



Deposit Form

Date _____

Preparer Information

Prepared By _____ Phone Number _____

Department _____ Email _____

Payer Information

Name _____ Phone _____

Address _____ Email _____

City, State ZIP _____

Deposit Information

Deposit Amount _____ Fund Number _____

Fund Name _____

Gift Type _____

If other, please provide a brief description of the good(s) or service(s) the payer received in exchange for their payment.

Disclosures

Checks should be made out to Medical College of Georgia Foundation, Inc., MCG Foundation, Inc., or MCGF. Checks made payable to Augusta University or other entities may delay the availability of the funds.

Unless otherwise noted, all donations will be processed as tax-deductible contributions, and the donor will receive an acknowledgment letter from the Foundation indicating that the donation was received free from any goods, services, or obligations.

Exhibit fees, or other payments made in exchange for goods or services as described above, are not tax-deductible, and the Foundation will not issue a payment receipt unless requested upon by the payee.