

ARKANSAS STATE UNIVERSITY FOUNDATION, INC.
ASSET TRANSMITTAL
Form ASUF06

Date: _____ **Prepared by:** _____

The attached assets are a deposit for:

Account Name: _____

Account Number: _____

Gift:

- _____ Gift/Contribution
- _____ Gift-in-Kind
- _____ Pledge Payment
- _____ Memorial/Tribute Gift

Type of Asset:

- _____ Cash
- _____ Checks
- _____ Credit Cards
- _____ Other (explain: _____)

The following information is required for each asset deposited. Attach an additional sheet if necessary. Address information is required for every donor/payer for receipting purposes. Incomplete information may result in processing delays.

Name of Donor	Address information (if not on check)	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

For audit purposes, please attach copies of all correspondence relative to the deposit.