|  |
| --- |
| **For office use only** |
| **Date**  |  |
| **Account** |  |
| **Class** |  |
| **Amount** |  |
| **Thank you Y/N** |  |

**Deposit Form**

Name of the Organization: Click here to enter text.

Date of request:

Funds to be deposited in the following account:

*Note: use one Foundation Deposit Form per organizational (sub) account.*

Are there any special instructions for this deposit:

Total amount of deposit:

Number of check(s) in this deposit:

Please provide a name, email and phone number for any questions:

Please attach one (1) copy of all the deposits to be made – ***REQUIRED***

*(Allow 5-7 business days for the funds to be deposited in your account.)*

**Submit this form, deposit(s) and copies to**:

Christy Jensen

Fridley Schools Foundation

6085 7th Street NE

Fridley, MN 55432

(763) 502-5102

Christina.jensen@fridley.k12.mn.us