CFNEK DEPOSIT FORM (To be included with all deposits to CFNEK)

Name of Fund:						Date:		
Gift Origin:		Individual Donor		Business		Parish or Board		
							Source/Event (if any)	
	D	Oonor Name(s)				An	nount	
-								
Mail this form Catholic Foun 12615 Parallel Kansas City, F	datio	-						
		donor's check, gift env lowment gifts.	elope,	letter statin	g dono	r intent; a copy of	will or trust; or written	
		ed to separately account ify origin of funds.	for de	onor designa	ıted* ar	nd parish or board	designated ** gifts to	
		ated by donors to be restr sh fund-raisers specifical					written documentation) or e sheet or promotional	
** Donations	desig	nated by the parish or bo	ard to	be restricted				
CFNEK will handle accounting and acknowledgement of gifts to funds held with CFNEK.								