



October 1, 2018 – September 30, 2019
ARIZONA 4-H YOUTH FOUNDATION
Deposit Request Form

Account #:		Title:	
Explanation / Notes: _____			

*Note: _D,P,O	Check Date	Name on Check	Check #	Check Amount	Less 3% Fee	Total to Account
Total Deposit:						
				Total 3% Fee:		
				Total to Account:		

Requestor: _____	County _____
Title: _____	Director: _____ (or State Program Coordinator or Designee)
Phone: _____	Date: _____

***Note:** (D – Donation) Enter this code for donations received– needs to be acknowledged by a *Thank You Letter from the Arizona 4-H Youth Foundation*
(P – Pass-thru) Enter this code for: Event Registrations, Refunds, or payments for Services or Products provided
(O – Other) Enter this code for unrelated funds received