

MAL/MAS UNIT DEPOSIT SLIP (GF1)

500 Capitol Mall, Suite 2350 - #5001, Sacramento, CA 95814

916 442-7215 * lwvc@lwvc.org

LWV of: _____ **Date:** _____

MAL/MAS UnitAddress: _____

_____ *City* _____ *ZIP*

Sender's Info: _____ *Name* _____ *Title*

_____ *Phone* _____ *Email*

Sender's Signature: _____

Please deposit the following checks into our MAL/MAS Unit account:

Item #	Check #	Name of Donor or Check Writer	Amount
1			\$
2			\$
3			\$
4			\$
5			\$
6			\$
7			\$
8			\$
9			\$
10			\$
11			\$
12			\$
13			\$
14			\$
15			\$
16			\$
TOTAL FOR ITEMS ON ADDITIONAL SHEET			\$
TOTAL OF ALL ITEMS			\$