



# DEPOSIT SUMMARY REPORT

Donor Or Non-Donor

Congregation: \_\_\_\_\_

Person Responsible: \_\_\_\_\_ ( ) \_\_\_\_\_

<p><b>Office Use Only</b>          Finance Office: _____          Batch #: _____          Cash Receipts: _____</p>
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Deposited into: \_\_\_\_\_ Date of Service: \_\_\_\_\_ Date of Deposit: \_\_\_\_\_

Credit Card	Cash/ Check	Total	Deposit Type
			<b>Tithe &amp; Offering</b> Sunday AM   Sunday PM   Midweek
			<b>Daily Seed</b> Sunday AM   Sunday PM   Midweek
			<b>Guest Speaker</b> Name: _____
			<b>SPECIAL OFFERING</b> Type of Offering: _____
			<b>TOTAL BANK DEPOSIT</b>
			<b>TOTAL CREDIT CARD ONLY</b>
			(CASH + CHECK+ CREDIT CARD)

**STAPLE PINK DEPOSIT SLIP**