



Palm Springs Branch AAUW

Revenue Transmittal Form

Please Print

Date Transmitted: _____

Transmitted by: _____

Contact Info: (email or phone) _____

Amount: _____

Purpose: _____

If this is a donation to AAUW, please complete the following information:

Donor Name: _____

Donor Postal Address: _____

Donor City State ZIP: _____

Supplementary/Supporting Information (as needed):

Please attach documentation as appropriate. Thank you.

Date Deposited	Amount	Bank/Check #	Date Thank You Sent	Thank You Sent by Whom