

# DEPOSIT FORM

TO: ACTION FOR HEALTHY KIDS  
4711 W. Golf Rd.  
Suite 806  
Skokie, IL 60076

Fax: 847-329-1849

Submitted by: \_\_\_\_\_ State Team: \_\_\_\_\_

Team Position/Title: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

TYPE OF DEPOSIT (check one):             Grant or Donation  
    Other (specify): \_\_\_\_\_

Source of Deposit: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

NAME FUNDER/CONTRIBUTOR: \_\_\_\_\_

Contact Name/Title: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

AMOUNT        \$ \_\_\_\_\_ (attach check)

*Please keep a copy of your completed Deposit Form and check(s) before sending to National AFHK.*

## DESCRIPTION of DEPOSIT

Please describe the relationship between the State Team and the funder/contributor, and any requirements or terms associated with the funds/donations.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate how your State Team members were notified of the receipt of these funds (via phone, e-mail, meeting discussion):

\_\_\_\_\_  
\_\_\_\_\_

SPECIAL INSTRUCTIONS:

Authorized State Team Member Signature: \_\_\_\_\_

<b>AFHK OFFICE USE ONLY</b>	Invoice Number _____	Invoice Date _____
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AFHK RECEIPT: \_\_\_\_\_ CHECK # \_\_\_\_\_

Accounting RECEIPT: \_\_\_\_\_ DATE DEPOSITED: \_\_\_\_\_