

All Saints' Episcopal Day School  
Parent Guild  
**Deposit Form**

Committee: \_\_\_\_\_

Name: \_\_\_\_\_

Please print your name.

Date: \_\_\_\_\_

Cash Amount: \$ \_\_\_\_\_

Check Amount: \$ \_\_\_\_\_

Check Number: \_\_\_\_\_

Payment received from: \_\_\_\_\_

Payment received for: \_\_\_\_\_

Other information:

Attach funds to be deposited to this form. Deposits must only be delivered directly to the Parent Guild Treasurer or ASEDS Director of Finance to hold for the Treasurer. **NO FUNDS SHOULD BE LEFT IN THE PARENT GUILD OR SCHOOL STORE BOX.**

All Saints' Episcopal Day School  
Parent Guild  
Deposit Form – Committee copy

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Name: \_\_\_\_\_

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Cash Amount: \$ \_\_\_\_\_

Check Amount: \$ \_\_\_\_\_

Check Number: \_\_\_\_\_

Payment received from: \_\_\_\_\_

Payment received for: \_\_\_\_\_

Please retain this copy for your records.