

# MAL/MAS UNIT DEPOSIT SLIP (GF1)

921 11th Street, Suite 700, Sacramento, CA 95814  
916 442-7215 \* 916 442-7362 Fax \* lwvc@lwvc.org

LWV of: \_\_\_\_\_ Date: \_\_\_\_\_

MAL/MAS Unit Address: \_\_\_\_\_

\_\_\_\_\_ 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			\$