



DAF DONATION DEPOSIT FORM

Please fill out this form completely when making deposits of donation to your DAF. Be sure to include a telephone where you can be reached if we have any questions. Do not endorse any check to your DAF. Checks can be made payable directly to the name of your DAF or to United Charitable with your DAF name in the memo line. Please type or print clearly.

1. **DAF Name:** _____ **Account #:** _____

2. **Donation** (Please select donation/payment type)

- General Donation/Gift
- Donation for Life Insurance Premium
- LLC/LP Distribution (Name: _____)

3. <i>Check #</i>	<i>Name of Donor</i>	<i>Check Amount</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	TOTAL	\$ _____

4. **Donor's Attestation:** All donation and payment become the sole property of United Charitable and are full relinquished.

Signature: _____ **Date:** _____ **Phone #:** _____

Print Name: _____ **Email:** _____

Please mail all deposits to
United Charitable
P.O. Box 715969
Philadelphia, PA 19171-5969