



**Administrative Office**  
411 Sycamore Avenue  
Mill Valley, CA 94941  
Tel (415) 389-7700  
Fax (415) 389-7773

### Cash Deposit Form

Within 24 hours of receipt of money, please fill out this form and send to the District Office in a money bag. The bag should be handed directly to the courier.

School \_\_\_\_\_ Date \_\_\_\_\_

Event/Program \_\_\_\_\_

	Amount
Currency	\$ _____
Coin	\$ _____
Checks _____ No. of Checks	\$ _____
<b>TOTAL DEPOSIT</b>	<b>\$ _____</b>

Credit deposit to:

Program: \_\_\_\_\_

Account Code: \_\_\_\_\_

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

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*District Office Use Only*

*Received by:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Deposited by:* \_\_\_\_\_ *Date:* \_\_\_\_\_