

L9GA DEPOSIT INFORMATION FORM

Person submitting funds for deposit: _____

Email or telephone contact for person submitting funds: _____

Reason for funds (if for an event, identify event and event): _____

Amount submitted: Cash _____

Checks _____

TOTAL SUBMITTED _____

Submit funds with this completed form to:

Marilyn Ratliff
Treasurer, L9GA
41 Romerly Rd
Savannah, GA 31411

For Treasurer's use only

Date of Deposit: _____