ASCA Deposit Form

Circuit/Committee:_____

Person Submitting Deposit:_____

Phone Number:_____

Email Address:_____

What is the deposit for?_____

Amount of Deposit:_____

List of Checks

Check Number	Institution/Individual	Amount

Signature:_____ Date:_____

Send completed form and all checks one week after check(s) are received and within one week of the conclusion of the event:

ASCA Central Office
PO Box 2237
College Station, TX
77841-2237

Office Use:
Date Received:_____
Received By:_____
Date of Deposit:_____