Exhibit G

Deposit Ticket

_____ _____
Endowment Fund Name Sub Account Number

_____ _____
Parish/School/Institution City

In accordance with The Endowment Policy of the Catholic Diocese of Wichita, purpose, plans and policies and procedures, and the related exhibits, as amended from time to time, we hereby request the following deposit(s) to be made.

- Amount to be deposited _____

Signature:_____
(Pastor or Authorized Representative)

Date: ____/____/____

Please complete this form and send or deliver to the Chancery, Attn: Accounting and Finance with your check.

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