



MICHIGAN SILVERSMITHS GUILD - DEPOSIT SLIP

Complete this form and submit with checks.

Date: _____

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Total Members

Total Amount Enclosed

DEPOSIT DETAILS:

	Member	Amount Paid	Cash/ Check #
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

Signature: _____