Full Name:	Date:
Agency:	
Address:	
City/State/Zip:	_
Parish/Area:	
Phone:	<u></u>

FUNDRAISER

City/State/Zip:Parish/Area:						CA	SH/D	ONOR I	FOR	RM	
Ple	rs are eligible for recognition based ease write clearly to ensure correct s ase be sure to separate each transac	spelling of donor	names.		ادكأ	rt Runne	r Sponsor		Cash	Check	
Donor First & Last Name	Address	City	Zip	Name of Fundra	iser ✓		~	Amount	~	~	Check #
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	DATE DEPOSITED:				<u>l</u> Total	Amount C	ollected:				<u> </u>
ENTER ALL IN-KIND DONATION	IS BELOW. Please give a good description o	of item, event good	s used, inclu	ding quantities donate	ed and exac	t amount	/value.				

Proper receipt or documentation must be attached with this form in order to receive credit towards incentives.

In-Kind Donor Name	Type of Donation	Address	City	Zip	Quantity Donated	Value Amount	
Details:							
Details:							
Details:							
		TOTAL VALUE AMOUNT OF IN-KIND DONATIONS:					

Please specify what type of donation. T-shirt = T-shirt sale; Cash = Cash Donation; Runner Registration = All participants of the "Torch Run"; Sponsor = Any Sponsor of \$2500 or more; Fund-raiser = Money collected during a fund-raiser; Raffle Sales = Raffle Ticket Sales; In-Kind Donation - Any Donation of product given by a company or organization (estimate fair market value).