

American Cancer Society - East Central Division Event Donation Accounting Sheet

ent Name /	Location:				
ent Type:	Relay For Life	☐ Making Strides ☐ Golf ☐ C	Gala ☐ Bike ☐ Other: _		
am Name (if applicable):				
(Indicate Eve	FUNDRAISING CREE	DIT DETAILS / or list Participant Names		ITION NAME Fundraising Activity)	\$ AMOUNT
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	<u> </u>				
				TOTAL CREDIT:	
	-	OSIT BATCH INFO			
istration	\$	CHECKS / MONEY ORDERS	\$ Date Received:	Date Received:	
200:12500 posit Batch #					
m Donations	\$	\$	\$	Submitted's Signature	
00:16000	3	•	-	Submitter's Signature	
oosit Batch #	-		_	ACS Staff / Representative Sign	aturo
00:11100	\$	\$	\$	AGG Glati / Representative Sign	ature
posit Batch #	<u> </u>			ACS Staff Phone Number or En	nail Address
00:15800/15900	\$	\$	\$	AGG Grail Priorie Number of En	iaii Address
osit Batch#				DATA ENTRY:	
fles/Drawings 60:15400	\$	\$	\$	☐ Sent to Shared Services	
				☐ Completed by local office	
osit Batch #				00 1111	AND THE RESERVE OF THE PARTY OF
osit Batch # eral Donations 00:10000	\$	\$	\$	☐ Completed by event staff / vol	unteer