2007 Funds Collection Form

Auxilary Name:_____ **Treasurer's Name:** _____

Date:_____ **Treasurer's Phone No:** _____

LAST NAME, FIRST	DUES	DONATIONS	FUNDRAISING	DISTRICT	TOTAL	Check No.	NON-CASH CONTRIBUTION
					$ -		
					$ -		
					$ -		
					$ -		
					$ -		
					$ -		
					$ -		
					$ -		
					$ -		
					$ -		
					$ -		
					$ -		
					$ -		
					$ -		
					$ -		
					$ -		
TOTAL	$ -	$ -	$ -	$ -	$ -		