

DATE: _____ UNIT # _____ DISTRICT _____

CAMPAIGN: _____ WARD _____ WORKER _____

DIVISION LEVEL (Circle Level Below) _____ STAKE _____

CONTRIBUTOR'S NAME	TOTAL PLEDGE AMOUNT	TOTAL PAYMENT AMOUNT				BALANCE TO BE BILLED
		Cash	Check	CreditCard	Request Coin	
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
TOTALS						

Total Number of Gifts _____

Total Amount Pledged _____

Total Amount Paid _____

Unit Representative's Signature

District Representative's Signature

PLEASE ATTACH ALL PLEDGE CARDS, CASH, CHECKS, AND CREDIT CARD INFORMATION !!

For Office Use Only

Date Received : _____	Total Recognitions Received _____
Auditor's Signature : _____	Transmittal No. _____