

## Receipts, Funds Raised and Expenses Report

### Care Programs

Complete one form for each activity conducted and return form and supporting documentation to your chapter leadership board.

Activity name		
Activity date	Type of activity <input type="checkbox"/> Fundraiser <input type="checkbox"/> Hands-on service	Activity ID number (if known)
Name of person completing this form		Phone or e-mail
Name of chapter		Chapter number (if known)

**Program you are reporting (choose one):**

Care in Congregations® – Net funds raised should be deposited into the congregation’s account.

Name of congregation	City	State
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Care Abounds in Communities®

Check(s) enclosed:     Yes     No

**Net funds raised by your community service team should be forwarded to your Chapter Leadership Board after your activity has been completed. If you haven’t already forwarded the deposit to your chapter leadership board, include the deposit with this form.**

Include a completed donation form if there were any individual donations valued at \$250 or more.

**Gross Funds Raised** (complete for fund-raisers only)

Date Deposited	Where Were Funds Deposited (i.e. chapter)	Gross Funds Raised
		\$
		\$
		\$
		\$
		\$
<b>Total Gross Funds Raised →</b>		<b>\$</b>

**Expenses** (all expenses must show receipt or legible copy of receipt)

Date of Receipt	Purchaser	Purchaser Phone	Expenses
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
<b>Total Expenses →</b>			<b>\$</b>

**Net Funds Raised (total gross funds raised minus total expenses) → \$**

Enclose this completed form and include **receipts**, any checks, signed permission to disclose and/or donation forms in an envelope and forward them to your chapter leadership board.