4-H Unit or VMO: Name of banking institution funds will be deposited:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Name**  **(First & Last)** | **Fundraising Activities** | **Donations** | **Gifts** | **Other:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Total Amount** |
|  |  | **$** | **$** | **$** | **$** | **$** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | **TOTAL INCOME** | **$** | **$** | **$** | **$** | **$** |

*I hereby certify that I have received the amount of money indicated above for the stated purpose. (Must be signed by two individuals, one being an unrelated adult.)*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
| *Signature* |  | Date |  | *Signature* |  | Date |

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