## Form 8.8 – Monthly Statement of Cash Collections

| 4-H Unit                         | banking institution fund                              | ls will be deposite    | ad into:  |           |                |                 |  |
|----------------------------------|---|------------------------|-----------|-----------|----------------|-----------------|--|
| Date                             | Name (First & Last)                                   | Fundraising Activities | Donations | Gifts     | Other          | Total<br>Amount |  |
|                                  |   | \$                     | \$        | \$        | \$             | \$              |  |
|                                  |   |                        |           |           |                |                 |  |
|                                  |   |                        |           |           |                |                 |  |
|                                  |   |                        |           |           |                |                 |  |
|                                  |   |                        |           |           |                |                 |  |
|                                  |   |                        |           |           |                |                 |  |
|                                  |   |                        |           |           |                |                 |  |
|                                  |   |                        |           |           |                |                 |  |
|                                  |   |                        |           |           |                |                 |  |
|                                  |   |                        |           |           |                |                 |  |
|                                  |   |                        |           |           |                |                 |  |
|                                  |   |                        |           |           |                |                 |  |
|                                  |   |                        |           |           |                |                 |  |
|                                  |   |                        |           |           |                |                 |  |
|                                  |   |                        |           |           |                |                 |  |
|                                  |   |                        |           |           |                |                 |  |
|                                  |   |                        |           |           |                |                 |  |
|                                  |   |                        |           |           |                |                 |  |
|                                  |   |                        |           |           |                |                 |  |
|                                  |   |                        |           |           |                |                 |  |
|                                  |   |                        |           |           |                |                 |  |
|                                  | TOTAL INCOME  | \$                     | \$        | \$        | \$             | \$              |  |
|                                  | ertify that I have receive<br>igned by two individual |                        |           |           | r the stated p | ourpose.        |  |
| Name (print name)                |   |                        | Signature | Signature |                | Date            |  |
| 4-H Adult Volunteer (print name) |   |                        | Signature | Signature |                | Date            |  |