



GN CASH VERIFICATION FORM

(Use for Donations, Fundraisers or Ticket Sales)

DATE _____

WHAT IS THE SOURCE OF THESE FUNDS? CHECK BOX AND SPECIFY AMOUNT FOR EACH PORTION OF THIS DEPOSIT! USE MULTIPLE FORMS IF NEEDED TO REFLECT SEPARATE INCOME SOURCES

Corporate Donation: \$ _____ ; Company: _____

Family Donation: \$ _____ ; Family: _____

Ticket Sales: : \$ _____ ; # of Tickets _____

Other Fundraiser: \$ _____ ; Which one? Specify: _____

<p><u>COINS</u></p> <p>_____ × 1¢ = _____</p> <p>_____ × 5¢ = _____</p> <p>_____ × 10¢ = _____</p> <p>_____ × 25¢ = _____</p> <p>TOTAL \$ _____</p> <p><u>CURRENCY</u></p> <p>_____ × \$1 = _____</p> <p>_____ × \$5 = _____</p> <p>_____ × \$10 = _____</p> <p>_____ × \$20 = _____</p> <p>_____ × \$100 = _____</p> <p>TOTAL \$ _____</p>	<p><u>CHECKS</u> (Attach adding machine tape of itemized checks)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"># _____</td> <td style="width: 25%;">\$ _____</td> <td style="width: 25%;"># _____</td> <td style="width: 25%;">\$ _____</td> </tr> <tr> <td># _____</td> <td>\$ _____</td> <td># _____</td> <td>\$ _____</td> </tr> <tr> <td># _____</td> <td>\$ _____</td> <td># _____</td> <td>\$ _____</td> </tr> <tr> <td># _____</td> <td>\$ _____</td> <td># _____</td> <td>\$ _____</td> </tr> <tr> <td># _____</td> <td>\$ _____</td> <td># _____</td> <td>\$ _____</td> </tr> <tr> <td># _____</td> <td>\$ _____</td> <td># _____</td> <td>\$ _____</td> </tr> <tr> <td># _____</td> <td>\$ _____</td> <td># _____</td> <td>\$ _____</td> </tr> <tr> <td># _____</td> <td>\$ _____</td> <td># _____</td> <td>\$ _____</td> </tr> <tr> <td># _____</td> <td>\$ _____</td> <td># _____</td> <td>\$ _____</td> </tr> <tr> <td># _____</td> <td>\$ _____</td> <td># _____</td> <td>\$ _____</td> </tr> </table> <p style="text-align: center;">TOTAL \$ _____</p>	# _____	\$ _____	# _____	\$ _____	# _____	\$ _____	# _____	\$ _____	# _____	\$ _____	# _____	\$ _____	# _____	\$ _____	# _____	\$ _____	# _____	\$ _____	# _____	\$ _____	# _____	\$ _____	# _____	\$ _____	# _____	\$ _____	# _____	\$ _____	# _____	\$ _____	# _____	\$ _____	# _____	\$ _____	# _____	\$ _____	# _____	\$ _____	# _____	\$ _____
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GRAND TOTAL \$ _____

FOR OFFICIAL USE ONLY	
Verification: _____	Amount Received: \$ _____
Signature _____	Signature _____
Signature _____	Date _____
Tax Receipt Provided: <input type="checkbox"/> YES Date: _____	Thank You Letter Sent: <input type="checkbox"/> YES Date: _____
Recognized in GN Advertisement: <input type="checkbox"/> YES	Recognized in GN Thank You Ads <input type="checkbox"/> YES