GARDEN CLUB OF ST. PETERSBURG DEPOSIT and DONATION FORM

(created 3/1/20)

Name of person submitting _____

Contact information: Phone/e-mail_____

Date_____

Origin of Deposit:
Name of Event collections: (dues, donations/tickets/boutique/opportunities/SALES)) (date of event)

_____

Donation source: (individual names if they donated toward cost of the event, not if purchasing tickets and/or boutique items/)

_____
_____
_____
_____
_____

Enclosures:
List # of each check/Amt.

CashTotal_____

_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____

Check Total _____

Grand Total_____

Date GCSP Deposited_____