

SHRINE CHARITY ACTIVITY FORM

Event No. _____ Issued _____ Whereby, 100 Percent of
 Net Proceeds to be Distributed to Shriners Hospitals for Children

Activity Sponsored by _____
 (Temple/Association) (Unit/Shrine Club)

Type of Activity _____ If athletic event # spectators? _____

Date(s) of Activity _____ through _____

Permission to engage in this charitable fundraising activity and to use the name, 'Shriners Hospitals for Children' is authorized by:

Chairman, Board of Directors _____

Chairman, Board of Trustees _____

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FINANCIAL REPORT

1. Prior Year Activity Number _____ and Reserve Amount		\$ _____
RECEIPTS:		
2. Cash Collected	\$ _____	
3. Checks Sent Directly to Hospital/General Office	\$ _____	
4. Other receipts (See Note): _____	\$ _____	
	\$ _____	
5. Interest of Activity Cash Reserve Balance	\$ _____	
6. TOTAL GROSS RECEIPTS (Total items 2 thru 5)		\$ _____ 0.00
EXPENSES:		
7. Direct Fundraising Expenditures (See Note):		
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
Total Direct Expenses	\$ _____	0.00
8. Indirect Fundraising Expenditures (See Note):		
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
Total Indirect Expenses	\$ _____	0.00
9. TOTAL EXPENSES (Total of items 7 and 8)		\$ _____ 0.00
10. NET PROFIT* (Line 6 less line 9)		\$ _____ 0.00
11. TOTAL AVAILABLE FOR DISTRIBUTION (Line 1 plus line 10)		\$ _____ 0.00

*Any loss must be absorbed as a Temple expense.

HOW DISTRIBUTED

DISTRIBUTION TO:		
12. Shriners Hospitals for Children/Burns Institute	\$ _____	
13. Checks Sent Directly to Hospital/General Office (same as line 3)	\$ _____	
14. Request to be Retained for Hospital Transportation Fund	\$ _____	
15. Cost of Van Purchased for Hospital Transportation	\$ _____	
16. Current Reserve (may not exceed amount on line 9)	\$ _____	
17. TOTAL DISTRIBUTION (must equal amount on line 11)	\$ _____	0.00

Financial Report Prepared by: _____

_____, _____ Title _____ Date _____

Note: Attach detailed list if additional space is needed.