



**CENTRAL OHIO CHAPTER  
NATIONAL HEMOPHILIA FOUNDATION**

*for all bleeding and clotting disorders*



**GRASSROOTS  
FUNDRAISERS**

## Special Event Donation Summary Form

Event Name: \_\_\_\_\_

Event date: \_\_\_\_\_

Method(s) used to raise funds: \_\_\_\_\_

### Donation Summary:

Payment Type	Total # of Donations	Total \$ donations
Cash (please attach cash gift acknowledgements for each gift)		
Check		
Other		
<b>Totals:</b>		

### Expenses:

Type of Expense	Amount of Expense
<b>Total Expenses:</b>	

Submitted by: \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)



### Cash Gift Acknowledgement

Donor Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Date: \_\_\_\_\_ Amount of Gift: \$ \_\_\_\_\_

Event: \_\_\_\_\_



### Cash Gift Acknowledgement

Donor Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Date: \_\_\_\_\_ Amount of Gift: \$ \_\_\_\_\_

Event: \_\_\_\_\_