



## Fundraising Financial Summary Form

Thank you for your support. To ensure transparency in all of our fundraising activities, please complete this form and enclose it with all Fundraising Pledge Forms and the proceeds from your event.

Mail all documents and funds raised to:

Baby's Breath  
PO Box 21053  
St. Catharines, ON L2M 7X2

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

**Event Organizer:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

### EVENT REVENUE SUMMARY

	Amount (\$)	Donors (#)
Cash * / cheque donations (receiptable)		
Special event donations i.e. ticket sales, sponsorship (non-receiptable)		
Totals		

\* Please do not mail cash. If you receive cash donations, please write a cheque for the equivalent amount, ensuring you include donor names and contact information on the Fundraising Pledge Form. All cheques should be made payable to Baby's Breath.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_