

FUND VERIFICATION FORM

DATE _____

DONATION:

General Funds

Cash \$ _____

Checks \$ _____

Total \$ _____

Designated Donations

Scholarship \$ _____

Equipment \$ _____

CPR \$ _____

Other \$ _____

Total \$ _____

Total Funds Received \$ _____

Signature _____ Date _____

Signature _____ Date _____

Last Revision Date 02/11/08