

DEBORAH HOSPITAL FOUNDATION
REGION
CHAPTER PROJECT AND DONOR REPORT

Complete this form in two (2) copies. Send one copy to your Donor Chairperson and retain one copy for your records.

CHAPTER: _____ PROJECT: _____

PRESIDENT: _____ TELEPHONE: _____

ADDRESS: _____
street city state zip

PROJECT CHAIRPERSON: _____ TELEPHONE: _____

ADDRESS: _____
street city state zip

DONOR CHAIRPERSON: _____ TELEPHONE: _____

ADDRESS: _____
street city state zip

TYPE OF PROJECT: _____

LOCATION: _____

RECEIPTS: List all receipts connected with this function such as income from tickets or admissions, income from raffles, etc.

	\$		\$	
	\$		\$	
	\$		\$	
	\$		\$	
TOTAL RECEIPTS			\$	

DISBURSEMENTS: List all disbursements connected with this function such as rental of hall, cost of food, cost of all in-house and outside printing, cost of services, etc.

	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
TOTAL DISBURSEMENTS	\$ _____
NET PROFIT ON PROJECT	\$ _____
(total receipts less total disbursements)	\$ _____