



Name: _____ Age: _____ Contact Phone: _____

Total number of pledges: _____ Monetary grand total: \$ _____ Page: _____ / _____

	Donor Name	Donor Address	Phone Number	Amount	Method	Tax Rec. (Y/N)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

Tax receipts are issued on pledges of \$20 or more