

SHRINE CHARITY ACTIVITY FORM

Event No. _____ Issued _____ Whereby, 100 Percent of
Net Proceeds to be Distributed to Shriners Hospitals For Children

Activity Sponsored by _____
(Temple/Association) (Unit/Shrine Club)

Type of Activity _____ If athletic event-# spectators? _____
Date(s) of Activity _____ through _____

Permission to engage in this charitable fundraising activity and to use the name, 'Shriners Hospitals for Children' is authorized by:

Chairman, Board of Directors _____
Chairman, Board of Trustees _____

FINANCIAL REPORT

- | | |
|--|----------|
| 1. Prior Year Activity Number _____ and Reserve Amount | \$ _____ |
| RECEIPTS: | |
| 2. Cash Collected..... | \$ _____ |
| 3. Checks Sent Directly to Hospital/General office..... | _____ |
| 4. Other Receipts (See Note):..... | _____ |
| _____ | _____ |
| 5. Interest on Activity Cash Reserve Balance..... | _____ |
| 6. TOTAL GROSS RECEIPTS (Total items 2 thru 5)..... | \$ _____ |
| EXPENSES: | |
| 7. Direct Fundraising Expenditures (See Note): | |
| _____ | \$ _____ |
| _____ | _____ |
| _____ | _____ |
| Total Direct Expenses..... | _____ |
| 8. Indirect Fundraising Expenditures ..(See Note): | |
| _____ | \$ _____ |
| _____ | _____ |
| _____ | _____ |
| Total Indirect Expenses..... | _____ |
| 9. TOTAL EXPENSES (Total of items 7 and 8)..... | \$ _____ |
| 10. NET PROFIT* (Line 6 less line 9) | \$ _____ |
| 11. TOTAL AVAILABLE FOR DISTRIBUTION (Line 1 plus line 10) | \$ _____ |

*Any loss must be absorbed as a Temple expense.

HOW DISTRIBUTED

- DISTRIBUTION TO:**
- | | |
|--|----------|
| 12. Shriners Hospitals for Children/Burns Institute..... | \$ _____ |
| 13. Checks Sent Directly to Hospital/General Office(same as line 3)..... | _____ |
| 14. Request to be Retained for Hospital Transportation Fund..... | _____ |
| 15. Cost of Van Purchased for Hospital Transportation | _____ |
| 16. Current Reserve (may not exceed amount on line 9)..... | _____ |
| 17. TOTAL DISTRIBUTION (must equal amount on line 11)..... | \$ _____ |

Financial Report Prepared by:

_____, _____
Title Date

Note: Attach detailed list if additional space is needed.