DATE:		Region:		
Contact Name:		<u></u>		
Phone Number	r:			
o Select two	rch Leader: o members to collect contributi ealed and signed envelope to re			below.
o Record al o Place con	Volunteers (there must be tw Il cash and check contributions tributions <u>and</u> form in the enve lunteers sign and seal the envel	on this form. Belope.	OTH volunteer	s sign the form.
		Check	Cash	Notes
Last Name	First Name(s)	Amount	Amount	(Missions, Poor, etc.)
	TOTALS			
Counted by	7: Doul	ble Counted by:		