

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 of 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.