

Car Wash Donations Report

Name: _____

Class Period: _____

*Checks should be made payable to the **BHS Band Boosters**.

No.	Name	Address	Phone	Amount	Cash or Check*
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					

Total Donations: _____

To Be Completed by Student:

DONATION RECAP

Money Enclosed

Checks: _____

Currency: _____

Coin: _____

Total Enclosed: _____

Student's Signature _____

Received/verified by (adult/volunteer) _____

Count Confirmed by (Treasurer Assist.) _____