Donation Tracking Form

This form is required for internal processing procedures required by the IRS. Take a picture by phone and send it to info@autismakron.org. Attach a copy to submit with the deposit.

Record cash or checks from each activity that receives revenue from your event. For example: if you are including a 50/50 raffle specify "Cash from 50/50." See below for other examples. Omit activities that are NOT part of your fundraising event.

Cash from ti				
	Denomination	Number	Extension	
	\$20		\$0	
	\$10		\$0	
	\$5		\$0	
	\$1		\$0	
	Change			
		Total	\$ -	
Checks from	ticket sales			
		# of checks	Total	
Cash from 50				
	Denomination	Number	Extension	
	\$20		\$0	
	\$10		\$0	
	\$5		\$0	
	\$1		\$0	
	Change			
		Total	\$ -	
Checks from	50/50			
		# of checks	Total	
Cash from Si				
	Denomination	Number	Extension	
	\$20		\$0	
	\$10		\$0	
	\$5		\$0	
	\$1		\$0	
	Change			
		Total	\$ -	
Checks from	Silent Auction			
		# of checks	Total	

Cash				
	Denomination	Number	Extension	
	\$20		\$0	
	\$10		\$0	
	\$5		\$0	
	\$1		\$0	
	Change			
		Total	\$ -	
Checks				
		# of checks	Total	
Cash				
	Denomination	Number	Extension	
	\$20		\$0	
	•			
	\$10		\$0	
	\$10 \$5		\$0 \$0	
	\$5		\$0	
	\$5 \$1			
	\$5	Total	\$0	
Checks	\$5 \$1	Total	\$0 \$0	
Checks	\$5 \$1	Total # of checks	\$0 \$0	
Checks	\$5 \$1		\$0 \$0 \$ -	
Checks	\$5 \$1		\$0 \$0 \$ -	
Checks	\$5 \$1		\$0 \$0 \$ -	
Checks	\$5 \$1		\$0 \$0 \$ -	

Total Deposit

Total Cash to Deposit

Total Checks to Deposit

Prepared by:	Date:
Prepared by:	Date:
Deposit taken by:	Date: