

Annual CSHA Donation Report

Region # _____

Donation Detail

Donor Information

CASH

Non-Monetary/Est. Value

1. Company/Sponsor _____	\$ _____	\$ _____
2. Company/Sponsor _____	\$ _____	\$ _____
3. Company/Sponsor _____	\$ _____	\$ _____
4. Company/Sponsor _____	\$ _____	\$ _____
5. Company/Sponsor _____	\$ _____	\$ _____
6. Company/Sponsor _____	\$ _____	\$ _____
7. Company/Sponsor _____	\$ _____	\$ _____
8. Company/Sponsor _____	\$ _____	\$ _____
9. Company/Sponsor _____	\$ _____	\$ _____
10. Company/Sponsor _____	\$ _____	\$ _____
Attach CSHA Donation Receipts For THIS PAGE	\$ _____	\$ _____ Page Total
*Use this Line for Grand Total of ALL PAGES	\$ _____	\$ _____ Annual Total

Return with Annual Region Financial Statement: to Treasurer

form REV JAN 2016