

KEYPORT GARDEN CLUB

EVENT DEPOSIT FORM

Use this form when money is collected for an event and needs to be deposited PO Box 604 ~ Keyport, NJ 07735 KeyportGardenClub@gmail.com

									DATE:			
									PAGE			
Please Print									Function date: _			
COMMITTEE CONTA	ACT:											
		Cell			Fma	ail						
Name Name		 _ Cell			=_ Fm:	<u>-</u> ail						
COMMITTEE (please						un						
Crafts for fundraising	Membership		See	ed Library			ELINCTION	NAME:				
Drumthwacket event	Newsletter –		_	Social media & Publicity			FUNCTION NAME: TOTAL COST OF FUNCTION: \$					
ESCG		val coordination		Special Event Speakers			CHECKS COLLECTED: \$					
Hospitality	Fundraising			Sunshine			CASH COLLECTED \$					
KGW Event	Plant Sale Sp	ring	Tov	Town Beautification			OTHER PAYMENTS \$					
Merchandising	Plant Sale Fa		Trip	Trips					COLLECTED \$			
PLEASE LIST ALL PAYM NAME/VENDOR		CELL		CUECK	PAYM			OTUER	PAYMENT AM	10UNT		
				CHECK	CK#	CASH	VENMO	OTHER				

PAGE TOTAL \$

DATE:	
PAGE	OF

PLEASE LIST ALL PAYMENTS:

NAME/VENDOR	CELL		PAYMI	ENT TY	PE		PAYMENT AMOUNT			
		CHECK		CASH	VENMO	OTHER				
						P	AGE TOTAL \$			

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