KEYPORT GARDEN CLUB

DEPOSIT FORM

PO Box 604 ~ Keyport, NJ 07735
KeyportGardenClub@gmail.com

DATE: _____

PAGE ___ OF ____

Please Print

COMMITTEE CONTACT:

Name_____ Cell_____ Email_____

Name_____ Cell_____ Email_____

COMMITTEE (please check):

	Garden Walk		Membership		Social Media and Publicity		**FUNCTION NAME:**
	Plant Sale		Committee Organizer		Cuppa Cheer		**TOTAL COST OF FUNCTION: $**
	Drumthwacket		Parade/Festival coordination		Grants and Scholarships		CHECKS COLLECTED: $
	Hospitality		Fundraising		Newsletter – The Vine		CASH COLLECTED $
	Trip Coordinators		Town Beautification				OTHER PAYMENTS $
							TOTAL PAYMENTS COLLECTED $

PLEASE LIST ALL PAYMENTS:

NAME	CELL	PAYMENT TYPE					PAYMENT AMOUNT
		CHECK	CK#	CASH	VENMO	OTHER	

PAGE TOTAL $ _____

DATE: _____

PAGE ___ OF ____

PLEASE LIST ALL PAYMENTS:

NAME	CELL	PAYMENT TYPE					PAYMENT AMOUNT
		CHECK	CK#	CASH	VENMO	OTHER	

PAGE TOTAL $ _____