

## Donations Received

Date	Project	Type of Donation (Check & #, cash or actual item - including description)	Total	Donation Method (Check, cash, item description)	Donor	Thank You	Update	Date
					Business Name:	<input type="checkbox"/>	<input type="checkbox"/>	
					Contact Name:		<input type="checkbox"/>	
					Address:		<input type="checkbox"/>	
					City, State, Zip:		<input type="checkbox"/>	
					Phone:		<input type="checkbox"/>	
					Fax:		<input type="checkbox"/>	
					E-mail:		<input type="checkbox"/>	
					Business Name:	<input type="checkbox"/>	<input type="checkbox"/>	
					Contact Name:		<input type="checkbox"/>	
					Address:		<input type="checkbox"/>	
					City, State, Zip:		<input type="checkbox"/>	
					Phone:		<input type="checkbox"/>	
					Fax:		<input type="checkbox"/>	
					E-mail:		<input type="checkbox"/>	
					Business Name:	<input type="checkbox"/>	<input type="checkbox"/>	
					Contact Name:		<input type="checkbox"/>	
					Address:		<input type="checkbox"/>	
					City, State, Zip:		<input type="checkbox"/>	
					Phone:		<input type="checkbox"/>	
					Fax:		<input type="checkbox"/>	
					E-mail:		<input type="checkbox"/>	
					Business Name:	<input type="checkbox"/>	<input type="checkbox"/>	
					Contact Name:		<input type="checkbox"/>	
					Address:		<input type="checkbox"/>	
					City, State, Zip:		<input type="checkbox"/>	
					Phone:		<input type="checkbox"/>	
					Fax:		<input type="checkbox"/>	
					E-mail:		<input type="checkbox"/>	
		<b>Total</b>						
		<b>Previous YTD Total</b>						
		<b>Total Year-to-Date</b>						