



Shriners International



Charity Activity Form WorkSheet

Temple Name:
Event Activity Type:
Event Location:
Sponsored by Unit/Shrine Club:

Event No.:
Date Issued:
Activity Start Date:
Activity End Date:

100 Percent of Net Proceeds to be Distributed to Shriners Hospitals for Children. Any loss must be absorbed as a Temple expense. Permission to engage in any charitable fundraising activity and to use the name 'Shriners Hospitals for Children' must be authorized by: Chairman, Board of Directors & Chairman, Board of Trustees

FUNDRAISING FINANCIAL WORK SHEET

Line	Description	Amounts	Totals	Entry#
1	Prior Year Activity Event Number -->#	Prior Reserved Amount->	\$ -	1
RECEIPTS:				
2	Cash Collected			
3	Checks From Individuals/Companies Sent Directly to Hospitals			
4	Other Receipts (See Getting Started Notes #4)			
	Other Receipts			
5	Interest on Activity Cash Reserve Balance			
6	Total Gross Receipts (Total sum of Line items 2 thru 5)		\$ -	2
EXPENSES:				
7	Direct FundRaising Expenditures (See Getting Started Notes #7)			
	a.)			
	b.)			
	c.)			
	Total Direct Expenses (7)		\$ -	3
8	Indirect FundRaising Expenditures (See Getting Started Notes #8)			
	a.)			
	b.)			
	c.)			
	Total Indirect Expenses (8)		\$ -	4
9	Grand Total Expenses (Total Line items 7 + 8)			5
10	Net Profit* (Line 6 minus line 9)			6
11	TOTAL AVAILABLE FOR DISTRIBUTION (Line 1+Line 10)			
	*Any loss must be absorbed as a Temple expense.			
HOW DISTRIBUTED TO:				
	Shrine Hospitals to Distribute To:			
	a.) Hospital Name -			
	b.) Hospital Name -			
	c.) Hospital Name -			
12	Checks From Individuals/Companies Sent Directly to Hospitals (line 3)			
	List Hospital Names (for line 12 and 3): -			
13	Total Shriners Hospitals for Children			7
14	Request to be Retained for Hospital Transportation Fund			
15	Cost of Van Purchased for Hospital Transportation			
16	Total for Hospital Transportation Fund			8
17	Current Reserve to use for next year (may not exceed Total Expenses)			10
18	TOTAL DISTRIBUTION (must equal amount on line 11)			

Financial Report Prepared by:

Title:

Date:

Congratulations You're In Balance

Additional Notes from preparer to Headquarters:

This is for printing purposes & manually filling in the gray shaded areas