

Al Sihah Shriners

P.O. Box 3147
Macon, Georgia 31205-3147

478.785.5900
alsihahshriners.com



Part A

1. Club President / Unit Head _____
2. Project Chairman _____ Title: _____
3. Phone Home# _____ Cell# _____
4. Address _____
5. City _____ State _____ Zip _____
6. Type Fundraiser - Project will benefit *(please check box below)*
 Shrine Hospitals Club / Unit Temple SHC Transportation
7. Project Start Date: ____ / ____ / ____ Estimated Completion Date: ____ / ____ / ____
8. Description of Project:

9. I have read the Shrine Fundraising Policies and Procedures Pamphlet and we will comply with it.

10. Chairman Signature: _____
11. Club President / Unit Head Signature: _____
 APPROVED / Date: ____ / ____ / ____ _____
 Disapproved / Date: ____ / ____ / ____ _____

Part B

Potentate's Signature

1. Was the project successful ? yes no
2. Would you recommend the activity again ? yes no
3. Would you recommend the activity to another club -or- Unit ? yes no
4. Brief statement as to what made the activity success -or- failure;

5. Account Balance @ Beginning of Project	\$	
6. Receipts (<i>Income</i>)		
Sales.....	\$	_____
Advertising.....	\$	_____
Other.....	\$	_____
7. Gross Receipts	\$	_____
8. Expenses		
A. _____	\$	_____
B. _____	\$	_____
C. _____	\$	_____
D. _____	\$	_____
E. _____	\$	_____
9. Total Expenses	\$	_____
10. NET PROFIT	\$	_____
11. How will funds be distributed ?		
A. _____	\$	_____
B. _____	\$	_____
C. _____	\$	_____
D. _____	\$	_____
E. _____	\$	_____
TOTAL.....		_____

Club President / Unit Head: _____ Date: ____ / ____ / ____

**** NOTE: Submission of Profit & Loss Report to be ATTACHED and RETURNED within 14-days of the Project completion date **** (Al Sihah Shriners FORM #100 - Revised January 15, 2020)