

WOMAN'S CLUB OF LACEY, INC.

MONTHLY REPORT

FUNDRAISING

CHAIRMAN: _____

MONTH OF: _____

NO. OF MEMBERS ON COMMITTEE: _____

EVENT: _____

(NOTE: PLEASE PROVIDE COPY OF FLYERS)

NO. ATTENDED: _____

COST OF TICKET: _____

EXPENSES:

Coffee, tea, milk, etc. _____	\$ _____
_____	_____
_____	_____
_____	_____
_____	_____
_____	\$ _____

(Give receipts to Treasurer for reimbursement.)

donation)

Total hours spent: _____
(Shopping, baking, cleanup, etc.)

50/50: \$ _____ (CLUB INCOME)

BASKET RAFFLES:

No. of baskets:	\$ _____
In kind donations	\$ _____
Income:	\$ _____
Expenses:	\$ _____

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NO. OF MEETING HELD PLANNING EVENT: _____

NO. OF ATTENDEES: _____

**NO. OF HOURS SPENT PLANNING EVENT: _____
(I.E. PHONE CALLS, PAPER WORK, TRAVEL HOURS, IF ANY)**

DESCRIBE WHAT HAPPENED AT THE EVENT:
