

Affiliate Special Event Revenue Tracking Form



Date _____ Affiliate Name _____

Fund Representative _____

	Person's First and Last name or Business Name*	Mailing Address <i>(Street or P.O. Box)</i>	City	State	Zip Code	Total Amount of Check	Check Date	Check #	Fair Market Value <i>(not charitable amount)</i>	Charitable Amount	Purpose <i>(i.e. ticket, silent auction, win raffle, etc...)</i>	Comments
1												
2												
3												
4												
5												
6												
7												
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9												
10												
11												
12												
13												
14												
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16												
17												
18												
19												
20												

*A business check cannot be used for a personal contribution. The charitable contribution will be given to the name/person/business identified on the check.

Please review and sign page 2.

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Procedures:

1. Fill in all information.
2. For each check/transaction, all fields must be complete to be processed.
3. Affiliate Finance Tracking Form must be signed (electronic signature is accepted) by the Fund Representative to be processed.
4. Should you need additional space, please use additional forms.
5. Please mail this form with corresponding checks to:
Montana Community Foundation
PO Box 1145
Helena, MT 59624

For assistance, please contact Jenifer Gursky,
Local Community Foundations Program Officer: jeniferg@mtcf.org

Signature of Fund Representative or Designated Individual

Date

Affiliate Special Event Finance Tracking Form

PO Box 1145

Helena, MT 59624

p 406.443.8313

f 406.442.0482

e info@mtcf.org

www.mtcf.org