

**Total all columns, place this tally sheet and full payment inside envelope and return to white band mailbox by 10/15/16**

Tally Sheet # _____ of # _____		Customer Name, Address and Phone Number																													
1.	2.	3.	4.	5.	6.	7.	8.	9	10.	11.	12.	13.	14	TOTAL UNITS	10	2	6a	6	11	8	9a	9	24	23	84	18	74	CHECK NUMBER	TOTAL UNITS	TOTAL PAID	DONATION