

SCHEDULE 9-A
Donation(s) Received

PAGE OF

| | |
|---|---|
| <p>A. Full Name of Donor _____</p> <p>Mailing Address of Donor _____</p> <p>City _____ State _____ Zip _____</p> | <p>Date of Receipt</p> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M</div> <div style="border: 1px solid black; padding: 2px;">/</div> <div style="border: 1px solid black; padding: 2px;">D D</div> <div style="border: 1px solid black; padding: 2px;">/</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y</div> </div> <p>Amount</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |
| <p>B. Full Name of Donor _____</p> <p>Mailing Address of Donor _____</p> <p>City _____ State _____ Zip _____</p> | <p>Date of Receipt</p> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M</div> <div style="border: 1px solid black; padding: 2px;">/</div> <div style="border: 1px solid black; padding: 2px;">D D</div> <div style="border: 1px solid black; padding: 2px;">/</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y</div> </div> <p>Amount</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |
| <p>C. Full Name of Donor _____</p> <p>Mailing Address of Donor _____</p> <p>City _____ State _____ Zip _____</p> | <p>Date of Receipt</p> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M</div> <div style="border: 1px solid black; padding: 2px;">/</div> <div style="border: 1px solid black; padding: 2px;">D D</div> <div style="border: 1px solid black; padding: 2px;">/</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y</div> </div> <p>Amount</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |
| <p>D. Full Name of Donor _____</p> <p>Mailing Address of Donor _____</p> <p>City _____ State _____ Zip _____</p> | <p>Date of Receipt</p> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M</div> <div style="border: 1px solid black; padding: 2px;">/</div> <div style="border: 1px solid black; padding: 2px;">D D</div> <div style="border: 1px solid black; padding: 2px;">/</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y</div> </div> <p>Amount</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |
| <p>E. Full Name of Donor _____</p> <p>Mailing Address of Donor _____</p> <p>City _____ State _____ Zip _____</p> | <p>Date of Receipt</p> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M</div> <div style="border: 1px solid black; padding: 2px;">/</div> <div style="border: 1px solid black; padding: 2px;">D D</div> <div style="border: 1px solid black; padding: 2px;">/</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y</div> </div> <p>Amount</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |
| <p>SUBTOTAL of Donations This Page (optional) ►</p> | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |
| <p>TOTAL This Period (last page this line number only) ► (carry total from last page to Line 9)</p> | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |