

SCHEDULE 9-A
Donation(s) Received

PAGE OF

A. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt

M M / D D / Y Y Y Y

Amount

B. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt

M M / D D / Y Y Y Y

Amount

C. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt

M M / D D / Y Y Y Y

Amount

D. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt

M M / D D / Y Y Y Y

Amount

E. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt

M M / D D / Y Y Y Y

Amount

SUBTOTAL of Donations This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►
 (carry total from last page to Line 10)