



## 4-H Fundraiser Report Form

*After any fundraiser, please complete and return this form to Brevard County 4-H within 10 business days.*

Club/Group Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Fundraiser: \_\_\_\_\_

What was the approved fundraising activity? \_\_\_\_\_

Income from Fundraiser: \$ \_\_\_\_\_

Expenses from Fundraiser: \$ \_\_\_\_\_

(please list general expenses)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Profit/Loss from Fundraiser: \$ \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

**\*\*If you asked for donations, please attach a list of who was asked and the amount/item received.**

***Keep a copy of this form for your club's records.***