

# Brenner Children's Fundraising Event

# PROCEEDS TRANSMITTAL FORM

Event: \_\_\_\_\_

Date of Event: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Organizer Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Net Proceeds: \$ \_\_\_\_\_

Designation of Proceeds: \_\_\_\_\_

## NET PROCEEDS

Cash Total	\$ _____
Check Total	\$ _____ <i>(please list checks below)</i>
<b>Grand Total</b>	<b>\$ _____</b>

Name on Check	Check Amount	Donation	T-Shirts	Raffle Tickets	Auction Item Purchase	Admission/Registration Fees	Miscellaneous Purchases

Please deliver proceeds with this form to Wake Forest Baptist Health Office of Philanthropy:

### Mailing Address

Brenner Children's  
Office of Philanthropy  
Attn: Community Fundraiser  
P.O. Box 571021  
Winston-Salem, NC 27157-1021

### Physical Address

Piedmont Plaza One  
7th Floor-Office of Philanthropy and Alumni Relations  
1920 W. First St.  
Winston-Salem, NC 27104

