

PROCEEDS TRANSMITTAL FORM

Event: _____

Date of Event: _____

Today's Date: _____

Organizer Name: _____

Phone: _____

Name of Organization or Company: _____

Net Proceeds: \$ _____

Designation of Proceeds: _____

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

Name on check	Check amount	Type of fundraiser					
		Donation	T-shirt sales	Raffle tickets	Auction item	Admission/ registration fees	Miscellaneous

Please deliver proceeds with this form to the Office of Philanthropy and Alumni Relations

Mailing Address

Atrium Health Wake Forest Baptist
Office of Philanthropy
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 Street
Winston-Salem, NC 27104

