

State Charitable Giving Campaign - Special Event Form

2018

* Department Name: _____ * Team Number: _____
* Location (Select **one** option): Lincoln Omaha Other: _____
* Individual's Name Collecting Funds: _____ Phone: _____ *Date: ____ / ____ / ____

Special Event Summary	Total Amount
Check(s):	\$ _____
Cash:	\$ _____
* Special Event Total:	\$ _____

Report is enclosed (Check One): Yes No

NOTES: _____

***Items marked with an asterisk are required**

UW Rep: _____
Date: _____

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