

2015 State Charitable Giving Campaign Special Event Form

*Agency, Board or Commission: _____ *Division/Team: _____

*Collected by (Name): _____ Phone: _____ *Date: _____

* Location: _____

Special Event Summary	# of Donors	Total \$\$
Check:	_____	_____
Cash:	_____	_____
*Special Event Total:	_____	_____

Report is enclosed: Yes No

NOTES: _____

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

UW Rep: _____

Date: _____

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