

Rady Children's Hospital Auxiliary

Ways & Means Report Form

Congratulations on completing your fundraising event! Submit this form along with the documents described below to the Auxiliary Treasurer and Auxiliary Office either 60 days post-event or June 30th, whichever is first.

Unit: _____ Event Name: _____
Event Date: _____ Event Time: _____
Event Chair(s): _____
Unit or Event Treasurer(s): _____
Location: _____
Ticket Price(s): _____ Tax Deductible Amount: _____
Designation: _____

Total Income \$ _____

Total Expenses - \$ _____

NET PROFIT \$ _____

Funds deposited directly to RCHF \$ _____

Total Donation to Rady Children's Hospital: \$ _____

Fund-a-need restricted \$ _____

Designated toward: _____

Additional Event Reconciliation Tasks

Email these documents along with completed Ways and Means Form. Complete the following checklist:

Donor List *If unit on Greater Giving, requesting Foundation to pull Donor List
Expense List Event Flyer with Fund Designation

PLEASE CHECK ONE BOX IF... and include the following information.

Unit on Credit Cards:

Wire transfer amount: \$ _____ From Account: _____

Units with Checkbooks:

W-9 for checks written (not reimbursement) Check Register Recent bank statement

Submitted by (Treasurer): _____

Verified by (Event chair): _____

Date Submitted: _____