

Community Colleges of Spokane Foundation CASH DEPOSIT FORM

Date:		
Total Cash: \$		
Total Checks: \$		
Total Deposit: \$		
Attach an adding machine tape to	verify totals.	
Description of Receipts:		
(Check one)		
Contributions		
Special Events Fees		
Expenditure Recovery		
, ,	ambling Commission requires all agend report the following information annua	
Drawing Type:	Prize drawing(s) 50/50	
Gross raffle receipts		\$
Total value of prizes purchas	sed or donated	\$
	market value) included in line 2)	\$
Other income (please explain)		
Fund Name	Fund Number	
Fund Manager		

Please return form with deposit to: CCS Foundation

(Signature)

501 N Riverpoint Blvd, MS 1005 Spokane, WA 99217-6000 Phone: 509-434-5123