CASH BOX DONATIONS

Please Print

Date: _____

Quilt Shop Name: _____ **QOV Group:** _____

Address: _____ **QOV Contact:** _____

City, ST ZIP: _____ **Contact Phone:** _____

Phone: _____ **Contact Email:**

Email: _____ _____

Amount Collected	Items Purchased	Amount Spent	Balance
		Total Spent	**Balance Total**

- Only funds raised in a quilt shops can be spent (in that quilt shop) without sending donations into QOVF first. If you do not use all of the funds collected, remaining funds can go back into the donation box for future use.
- Original receipt(s) of your purchases must be returned with this form. Do not staple or attach documents together. Make a copy for your records before sending.
- Only QOV items on receipts - NO PERSONAL ITEMS.
- Mail the form and receipts to the below listed address. A 6 X 9" envelope is regular postage if it is not too heavy.

I certify that these expenses were used for Quilts of Valor Foundation purposes only.

_____

Quilt Shop Representative

Treasury Services Coordinator Use Only
Date Received:
Number of transactions: