



**DISABLED AMERICAN VETERANS
DEPARTMENT OF NORTH CAROLINA
CHAPTER FUND RAISING ACTIVITY REPORT**

CHAPTER NAME / NUMBER	DATE OF PROJECT
NAME OF PROJECT	

SUBMIT REPORT AND PAYMENT TO DEPARTMENT SERVICE FOUNDATION BEFORE

TOTAL GROSS INCOME:		\$
(ITEMIZE EACH EXPENSE BELOW):		
EXPENSES:		
1	\$	
2	\$	
3	\$	
4	\$	
5	\$	
6	\$	
7	\$	
8	\$	
TOTAL EXPENSES:		\$
NET INCOME:		
(Subtract Total Expenses from Total Gross Income.)		
		\$
MAKE CHECK PAYABLE TO:		
DEPARTMENT OF NORTH CAROLINA SERVICE FOUNDATION:		\$
Multiply Net Income X 10%.)		\$

AUTHORIZED CHAPTER SIGNATURE	TITLE
DATE OF RECEIPT:	
CHECK NUMBER:	
CHECK AMOUNT:	DEPARTMENT ADJUTANT