

WHITE CANE FUND RAISER REPORTING FORM 2015-2016

CONTACT INFORMATION

CLUB NAME:

WHITE CANE CHAIRMAN:

ADDRESS:

HOME PHONE:

WORK PHONE:

CELL PHONE:

EMAIL:

FUNDRAISING INFORMATION

DATE OF WHITE CANE FUND RAISER:

NUMBER OF CLUB MEMBERS PARTICIPATING:

HOURS WORKED:

AMOUNT COLLECTED: \$

TOTAL SUPPLIES EXPENSE (enter negative no: i.e. -25.00): \$

NET GAIN: \$

ITEMS COLLECTED

EYEGASSES COLLECTED:

HEARING AIDS COLLECTED:

EYE DONOR CARDS COLLECTED:

PROSPECTIVE NEW MEMBERS APPROACHED:

MAIL COMPLETED FORM TO

Lion Ernie Crack, *District White Cane Chairman*
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