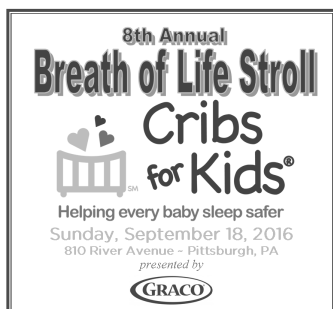


## 2016 Donations Collection Form



TEAM NAME

CIRCLE: Team Leader or Team Member?

Your Name

Address

City

State

Zip Code

Contact Number

E-mail Address

### FUNDRAISING LOG

DONOR NAME (For cash donations: if donor requests a tax receipt, use blank forms included in your packet.)	AMOUNT
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	
18.	
19.	
20.	

Feel free to make copies and list additional sponsors on a separate log. Do not include donor names of team members who will be at the Stroll and turning in their own donations. **Ask contributors to make Checks payable to Cribs for Kids.**

Please collect donations in advance of the Stroll and turn in all monies at the registration table on 9/18/16.

Cribs for Kids® 5450 Second Avenue, Pittsburgh, PA 15207, 412.322.5680 ext. 5, [hglaser@cribsforkids.org](mailto:hglaser@cribsforkids.org)  
[www.cribsforkids.org](http://www.cribsforkids.org) - [facebook.com/CribsforKidsHeadquarters](https://www.facebook.com/CribsforKidsHeadquarters), 412-322-5680 ext. 5.

SubTotal:	
Matching Gifts?	
<b>TOTAL RAISED:</b>	