

Event Donation Tracking Sheet

May 27th – 28th, 2016



Instructions for the team captain:

Please use this form for your team fundraisers to allocate donations to credit properly.
Proper donation allocation affects t-shirt distribution to your team members.

Relay For Life Event Name: _____

Team Name: _____

Team Captain Name: _____

Amount Raised: \$ _____

Donations being submitted to Bermuda Cancer and Health Centre by:

- ☐ cash/cheque
- ☐ online transfer HSBC – SA#006-048482-011
- ☐ online transfer BNTB – SA#20006060372314-200

Type of Fundraiser: _____

Date of Fundraiser: _____

Credit Fundraiser by (please check one to apply):

- ☐ Split equally to each team member
- ☐ Participants listed below ONLY
- ☐ Team Money Record ONLY

First Name	Last Name	\$ Amount to Credit	Comments

Please send this form along with payment to:
Bermuda Cancer and Health Centre
Attn: Relay for Life
46 Point Finger Road, Paget DV 04
or email accounts@relayforlife-bermuda.org

Sales Receipt Number: _____
Posted to Team Page: _____
Date: _____

For more information (official event logos, sample text) please visit www.Bermudarelay.com and check out our Team Captain Toolkit

For more information email relayforlife@chc.bm or visit

BermudaRelay.com f t

