

Central Florida Women's League and
Central Florida Women's League Foundation
CASH DEPOSIT FORM

Name of person submitting cash or checks _____
Print name please

Check one:

League _____

Foundation _____

Event/Category _____

Date of Event _____

Check Total \$ _____

Cash Total \$ _____

Total Amount \$ _____

TWO SIGNATURES REQUIRED when submitting cash

Signature of Person Counting _____
Print name please

Signature of Person Counting _____
Print name please

Please submit cash from the event to Joe Gaida, Treasurer, within 48 hours after the event.