

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 Teresa Brown (407-810-1711), Treasurer,  
within 48 hours after the event.**