

Event Donation Tracking Sheet

May 17th – 18th, 2019



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 OR 006048482511 (US)
- online transfer BNTB – SA#20006060372314-200 OR 20006-840-011607-100 (US)

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 accountscommittee@bermudarelay.com

FOR ACCOUNTING USE ONLY

Date received: _____

Amount \$ entered in QuickBooks: _____

Entered by (initials): _____

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