



Girl Scouts Heart of the Hudson, Inc.

Final Report for Money Earning Activities

Please complete this form and submit with any related documentation within two weeks following your event.

Check type of event: Troop/Group/Other _____ Community _____

COMMUNITY: _____ Troop _____ Level _____

1. Adult in Charge of the Project:

Name: _____ Position: _____

Address: _____

City: _____ Zip: _____ Phone: (____) _____

County: _____ Email: _____

2. Date of Event: _____
Month Day Year

3. Type of Event: _____

4. Location of Event _____

5. Income: _____ Expenses: _____ Profit: _____

6. Did you receive an individual or corporate donation? Yes _____ No _____

If yes, please provide the name and address of the donor and donation received.

Name: _____

Address: _____

City, State Zip: _____

Type of Donation: _____
(i.e.; supplies, paper goods,, food products)

Donation \$ Amount: _____
(i.e.; Cash, Check or gift card)

Donations more than \$250.00 the donor will receive an official Council acknowledgement.

Please use the back of this page to provide any additional information about your event tht may help others in their money earning efforts (what did you do that was successful?, what would you do differently?, what were your challenges or celebrations?).

CONGRATULATIONS ON YOUR EVENT!

THANK YOU FOR ALL YOU DO TO SUPPORT YOUR GIRLS AND OUR COMMUNITIES.

Return this form to:

**Girl Scouts Heart of the Hudson, Inc. 2 Great Oak Lane, Pleasantville, NY 10570
Attention: Fund Development Department**