

RFS ReCap Sheet

CHAPTER NAME _____ DATE RECEIVED BY CMA _____ RFS _____ Year

CHAPTER NUMBER _____ CHAPTER STATE _____

RUN FOR THE SON SECRETARY _____

DAYTIME PHONE (_____) _____ E-MAIL _____

SHIP TO ADDRESS _____ CITY/STATE/ZIP _____

NOTE DEADLINE: To be credited to current year RFS and eligible for incentives/national awards, all proceeds must be received no later than **MAY 28**. Funds received after deadline will be credited to next year's RFS.

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|------------------------|
| FOR OFFICE USE ONLY |
| VERIFIED |
| ENTERED |
| SUMMARY |
| INCENTIVES |

(DO NOT SEND IN SPONSOR RECEIPT FORMS. DO NOT SEND IN INDIVIDUAL PACKETS. PRINT ONLY ONE NAME AND ONE DOLLAR TOTAL PER LINE.)

| PARTICIPANT'S NAME <small>(PRINT ONLY ONE NAME AND ONE \$ TOTAL PER LINE.)</small> | CMA # | ADDRESS | CITY | STATE | ZIP | 7. \$ ENCLOSED <small>(ONLY LIST WHAT IS ACTUALLY ENCLOSED NOT PLEDGES OR MONEY PREVIOUSLY SENT TO CMA) NO CASH</small> | 8. T-SHIRT <small>(FOR THOSE RAISING \$100+) *PLEASE INDICATE SIZE. ONE T-SHIRT PER PERSON</small> | COMMENTS |
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COLUMN TOTAL

***T-Shirt Sizes: S, M, L, XL, 2X, 3X, 4X, or 5X**

FOR OFFICE USE ONLY
TOTAL FOR RECAP SHEETS

\$

FOR CHAPTER USE ONLY
CHAPTER TOTAL

\$