

RFS ReCap Sheet

CHAPTER NAME _____

DATE RECEIVED BY CMA _____ RFS _____ Year

CHAPTER NUMBER _____ CHAPTER STATE _____

NOTE DEADLINE: To be credited to current year RFS and eligible for incentives/national awards, all proceeds must be received no later than **May 22**. Funds received after deadline will be credited to next year's RFS.

RUN FOR THE SON SECRETARY _____

DAYTIME PHONE (_____) _____ E-MAIL _____

SHIP TO ADDRESS _____ CITY/STATE/ZIP _____

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

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

\$