

# Fundraising Results Form



This form must be returned to Cystic Fibrosis WA with any relevant receipts within 30 days of the conclusion of your fundraiser.

Name: \_\_\_\_\_

On behalf of: \_\_\_\_\_

Address: \_\_\_\_\_ Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

## MONEY RECEIVED

Item	Amount
Donations	\$
	\$
	\$
	\$
	\$
<b>Total Proceeds</b>	\$

## EXPENSES DEDUCTED FROM FUNDS RAISED

Item	Amount
	\$
	\$
	\$
	\$
	\$
<b>Total Expenses</b>	\$

**Total Proceeds – Total Expenses = \$** \_\_\_\_\_

Date proceeds were transferred to Cystic Fibrosis WA's bank account: \_\_\_\_/\_\_\_\_/\_\_\_\_

## DECLARATION

I certify that the above monies were banked and the expenses incurred are true and correct.

Print name: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Cystic Fibrosis WA – Bank Account Details

**Account:** Cystic Fibrosis WA Inc  
**BSB:** 066 000  
**Acc Number:** 11926780  
**Ref:** Please put your name or organisation as a reference