



Chapter Fundraiser Proceeds Form

Submission Date: _____ Fundraiser Date: _____

Chapter Name: _____

Chapter Leader Name: _____

Chapter Leader Email: _____

Chapter Leader Phone: _____

Fundraiser Description: _____

Feedback to the Home Office: _____

Please list checks below:

Member #	Name on Check	NTD*	Amount
# of Checks:		Total:	

Please print a copy of this form, enclose the checks, and mail to:
 Together Women Rise Home Office
 PO Box 25633
 Greenville, SC 29616

For further assistance, please contact Home Office at donations@togetherwomenrise.org or 864-335-8401.
 Thank you for supporting Together Women Rise!

* Check this box if the CHECK WRITER received goods or services as part of the fundraiser (including but not limited to event tickets, raffle tickets, auction items, or food and drink) or if this is a consolidated cash check.