

WCFA DEPOSIT SUMMARY

Date: _____

Committee: _____ Chariman: _____

Signature of Person Making Deposit: _____

Amount of Deposit: _____

Source of Funds: (entry fees, donations, ect.) _____

Deposit Details—

Check #	Who Check is From	Amount of Check

Total of Checks: _____

Total of Cash: _____

Deposit Total: _____