

Linden Home and School Association

CASH/CHECK DEPOSIT FORM

Date: _____

Name: _____

Telephone number: _____

Email address: _____

Committee/Activity _____

Total value of checks: _____

Total value of cash: _____

Grand total: _____

Your signature: _____

Chairperson's signature _____

For payments from various people, please attach a record-keeping spreadsheet with the following information: Name, Amount Paid, Form of Payment and Check Number (if applicable).

For questions or to coordinate cash pick-up, please e-mail or call:

Claire Aubourg, co-treasurer
aubourgclaire@yahoo.com, 315-836-6038