

Community Fundraising FINANCIAL REPORTING STATEMENT

Event Details	
Name of Event/Activity:	
Your Name:	
Group/Organisation Name:	
Postal Address:	
Suburb:	
State:	
Postcode:	
Mobile:	
Email Address:	
Money Received	
Ticket Sales	\$
Donations	\$
Raffles	\$
Auctions	\$
	\$
Gross Proceeds of Activities	\$
Less Expenses	
Advertising	\$
Printing/Stationery	\$
Prizes	\$
Venue Hire	\$
Catering	\$
Entertainment	\$
Permits	\$
Total Expenses	\$
Net Proceeds	\$

Date proceeds were transferred to BCRC-WA's nominated bank account:	Date Month Year
Declaration	
I certify that the above monies were banked and the expenses incurred are true and correct.	
Name:	
Signed:	
Date:	Date Month Year

<p>Thank you for your support. This statement must be returned within 30 days of the conclusion of your fundraising activity.</p> <p>Please return this completed form to BCRC-WA by email: fundraising@bcrc-wa.com.au or by post to: PO Box 141, NEDLANDS WA 6909</p>	<p>OFFICE USE ONLY</p> <p>Verified</p> <p>Signed: _____</p> <p>Date: _____</p>
---	---



breast cancer
research centre-wa

HOLLYWOOD PRIVATE HOSPITAL,
Entrance 3, 101 Monash Avenue Nedlands WA 6009
POSTAL ADDRESS PO Box 141 Nedlands WA 6909
TELEPHONE 6500 5501 | EMAIL info@bcrc-wa.com.au