

LAZARUS HOUSE BENEFIT EVENT FINANCIAL RESULTS

Person, Group or Business Name:

Address:

Date(s) of Event:

A) Total Income from Event _____

B) Total Expenses paid for the Event _____

C) Net Revenue (A - B) _____

Amount Donated to Lazarus House _____

Date of Donation _____

Person completing the above information:

PRINTED NAME

ROLE/TITLE

SIGNATURE

Expense information is for internal use only and will not be disclosed in external reports. The amounts will simply be part of grand totals used for financial reporting.

**FAX completed form to 630-587-2540 or
Mail to Lazarus House, 214 Walnut St., St. Charles, IL 60174**

THANK YOU FOR SUPPORTING LAZARUS HOUSE!!