

Congregation Am Chai  
Fundraiser Report

Name of Fundraiser: \_\_\_\_\_

Report Date: \_\_\_\_\_

Expenses: (specify each expense by type and amount)	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Total	_____

Income: (specify each expense by type and amount) For income from Am Chai members, provide info on page 2	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Total	_____

Balance: (Profit or Loss) \_\_\_\_\_

Signatures:

\_\_\_\_\_  
Fundraiser Chairperson

\_\_\_\_\_  
Financial Secretary or Treasurer

