# DONATION TRACKER FORM

Collect and keep track of your donations
to reach your fundraising goal!

My Name: _____ My Team Name: _____

My Email: _____ My Phone #: _____

| DONOR NAME | DONOR ADDRESS AND EMAIL | CASH AMOUNT | CHECK AMOUNT |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | TOTALS | | |

All checks should be **made payable to** Brookville Center for Children's Services
**In memo** section please write: BCCS Walk (your team name/child's school, if applicable)

Please mail this form and your donations to: Brookville Center for Children's Services
189 Wheatley Road, #3
Brookville, NY 11545
**Attn: BCCS Walk**

You can also drop off your offline donations at your child's school.
The school office will forward them to the BCCS Walk office in Brookville.

Offline donations will be added to your online fundraising total after they are received and processed.

Please do not mail cash.