

## **Instructions for Handling and Documenting Cash and Other Donations**

**Once your event is approved**, you will be required to collect all donations in accordance with the following instructions:

### **Cash**

- a. Please record the names and addresses of anyone who should receive a thank you/tax letter from Arkansas Children's Foundation. Please see next page for sample Cash/Credit Gift Acknowledgement form.
- b. Two people should count any cash received. The count should occur immediately following the event.
- c. Record the total number and amount of cash donations on the Event Donation Summary Form.
- d. Please do not mail cash. Before remitting the funds raised, please convert all cash into a cashier's check or money order.

### **Checks**

- a. Checks should be endorsed upon receipt:  
FOR DEPOSIT ONLY  
ARKANSAS CHILDREN'S FOUNDATION  
Please note that this step must be accomplished in order to make the checks non-negotiable.
- b. Two people should count all checks received. The count should occur immediately following the event.
- c. Record the total number and amount of checks on the Event Donation Summary Form.

### **Other Donations**

- a. Please record the names and address of anyone who should receive a thank you letter from Arkansas Children's Foundation for in-kind donations.

### **Event Donation Summary Form**

- a. Each person counting shall sign the Event Donation Summary Form (attached) to acknowledge verification of the number and total amount of cash, checks, and other types of donations received.
- b. Ensure all donations are summarized by the pay type and totaled on the Form.
- c. Complete all other sections of the Form and remit to the Foundation along with all funds raised.



### Cash/Credit Gift Acknowledgement

Donor Name: \_\_\_\_\_  
Company/Organization Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number Work: \_\_\_\_\_ Home: \_\_\_\_\_  
Date: \_\_\_\_\_ Amount of Gift: \$ \_\_\_\_\_  
Event: \_\_\_\_\_  
CC# \_\_\_\_\_ exp date: \_\_\_\_\_  
Name on Card: \_\_\_\_\_ 3 Digit Sec. No: \_\_\_\_\_

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### Cash/Credit Gift Acknowledgement

Donor Name: \_\_\_\_\_  
Company/Organization Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number Work: \_\_\_\_\_ Home: \_\_\_\_\_  
Date: \_\_\_\_\_ Amount of Gift: \$ \_\_\_\_\_  
Event: \_\_\_\_\_  
CC# \_\_\_\_\_ exp date: \_\_\_\_\_  
Name on Card: \_\_\_\_\_ 3 Digit Sec. No: \_\_\_\_\_

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## Arkansas Children's Foundation Event Donation Summary Form

Name of event/promotion \_\_\_\_\_

Contact Name \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date(s) held \_\_\_\_\_

Methods used to raise funds \_\_\_\_\_

**Donation Summary:**

Pay Type	Total # Donations	Total \$ Donations
Cash (please attach Cash Gift Acknowledgements for each gift)		
Check		
Other (please describe)		
<b>Totals:</b>		

**Expenses: (use back of form if extra space is needed)**

Type of Expense	Amount of Expense
<b>Total Expenses:</b>	
<b>Net Contribution to ACF:</b>	



Amounts submitted by:

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date



Donor Services verification:

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date