

Donation Day _____ Report
(year)
Florida Memorial University

Florida General Baptist Progressive M&E

Acct #: _____ University Use Only: _____

Women's Auxiliary President: _____ Parent Body President: _____

District Association: _____

District President: _____ Moderator: _____

Report Submitted By: _____ Phone #: _____

Address: _____ City: _____, FL Zip: _____

Donor (Convention, Association, Church or Individual)	Name of Church (Only for Individual Donors)	Street, City & State	Donation Information (Please check Appropriate Box)		
			Cash	Check	Donation
Florida Memorial Church		15800 NW 42 Ave Miami Gardens, FL 33054		#: 110	\$ 1,000.00
Mary Ann Smith	Florida Memorial Church	0006 S. My Street Any Town, FL 22222	X	#:	\$ 20.00
1				#:	
2				#:	
3				#:	
4				#:	
5				#:	
6				#:	
7				#:	
8				#:	
9				#:	
10				#:	
11				#:	
20				#:	

Total: \$ _____