

CANISTER REPORTING FORM

CIRCLE: ______MONTH MONEY COLLECTED: _____

REPORTING PERSON: ______ PHONE: ______

TOTAL COLLECTED (should equal amount of enclosed check): \$_____

| Canister No. | Amount Collected | Name of Business | Concerns with Canister* |
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(*i.e., THEFT, CHANGE IN LOCATION, MERCHANT UPSET, OR SPECIAL STORIES WE CAN SHARE WITH THE COMMUNITY)

Submit completed form to:

The King's Daughters Office | 601 Children's Lane, 2nd floor | Norfolk, VA 23507 | Tel: 757.668.7098 Fax: 757.668.8907 | Email: info@kingsdaughters.org