MONTHLY CANISTER REPORTING FORM

NAME OF CIRCLE: _____

REPORTING PERSON:_____ PHONE:_____

MONTH MONEY COLLECTED: _____

Canister No.	Amount Collected	Any Concerns with Canister*

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

(*i.e., THEFT, NON-PRODUCTIVE, CHANGE IN LOCATION, MERCHANT UPSET)

The King's Daughters
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