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, CHANGE IN LOCATION, MERCHANT UPSET)

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 | info@kingsdaughters.org