CANISTER REPORTING FORM

CIRCLE:_____ MONTH MONEY COLLECTED:_____

REPORTING PERSON:_____ PHONE:_____

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

Canister No.	Amount Collected	Any Concerns with Canister*

(*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 | email:info@kingsdaughters.org