

**Swallow Education Foundation Inc.**  
**Money Contribution Form**

Date: \_\_\_\_\_

Your Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Event: \_\_\_\_\_

Total Check Amount: \$\_\_\_\_\_ Total # of Checks: \_\_\_\_\_

Total Cash Amount : \$\_\_\_\_\_

Grand Total Checks & Cash: \$\_\_\_\_\_

Signature : \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

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***Two individuals are required to count all cash contributions and check contributions greater than five checks.***