

SRQG Deposit Slip-Membership

Please assist me by completing this form and submit with your cash/checks.

Date: _____
Your Name: _____
Project/Committee/Event: _____
Amount in coins: _____
Amount in currency: _____
Amount from checks: _____
Total: \$ _____

of checks: _____
pins sold: _____ # mugs sold: _____
Count verified:
Signature #1: _____
Signature #2: _____

Attendance: _____

Guests:: _____

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