NATIONAL ORDER OF TRENCH RATS
FUND RAISING REPORT
PO BOX 500208, MALABAR, FL 32950

Date: _____ Dugout/Sector: _____

_____ _____
Red Eyed Gnawer Phone Number including area code

_____
Address City State Zip

CHECK ONE:
( )One Time Fund Raising Event: _____
Description
Report for event held on: _____
Date
( ) Continuous/Ongoing Fund Raising Event: _____
Description
Report for quarter:_____to_____
Month Month

GROSS INCOME: **$**_____

EXPENSES: _____ **$**_____
List/Describe

EXPENSES: _____ **$**_____
List/Describe

NET INCOME: (Gross Income less Expense) **$**_____

10% OF NET INCOME TO IMPERIAL **$**_____

_____ _____
Signature of Red Eyed Gnawer **Date**

_____ _____
Signature of Golden Rodent **Date**