



State Employees' Charitable Campaign Special Events Report

Prepared by: _____
Phone #: _____
State Dept.: _____ **Division:** _____
Address: _____
City: _____ **DE** **ZIP:** _____
Date: _____

Please print clearly and legibly.

Description of Event	Total Cash	Total Checks	Total Gift
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
TOTAL			\$ -