WRAP UP REPORT

LEUKEMIA & LYMPHOMA SOCIETY® | STUDENT SERIES
learning to make someday today

Please mail this report, with your donation(s), to:
The Leukemia & Lymphoma Society
South Central Texas Chapter
1218 Arion Parkway, Suite 102
San Antonio, TX 78216

To qualify for top prizes, submit this form by:
2 WEEKS after campaign ends.

School Name:_____

Coordinator's Name:_____

Secondary Coordinator:_____

Mailing Address:_____

City:_____ State:_____ Zip:_____ Phone_____

Email 1:_____ Email 2:_____

Number of students enrolled at your school *(for per student average)*: _____

Would you like to register for next year's program? *(We will contact you in the fall to reconfirm details.)*

❑ **YES!** We will participate _____ *(Enter dates and fundraising goal, if known.)* ❑ **Not at this time.**

CHECKS *(Made payable to The Leukemia & Lymphoma Society)*

Number of checks _____

Total amount ($) of checks $_____

District is sending a check ($) $_____

COINSTAR

Number of Coinstar receipts _____

Total amount of Coinstar receipts $_____

BANK PARTNER

Total number of Bank deposit slips _____

Total amount of Bank deposit slips $_____

MONEY ORDERS

Number of money orders _____

Total amount of money orders $_____

MATCHING GIFTS: All matching gift paperwork must be verified by LLS

Total number of Matching Gifts _____

Total amount of Matching Gifts $_____

ONLINE DONATIONS

Total amount ($) $_____

TOTAL ENCLOSED OR REPORTED $_____

PRIZES SELECTION: *(See Prizes page for more information)*

CLASSROOM PENNANTS

# of Classrooms raising $100 to $199

Bronze Pennant! _____

# of Classrooms raising $200 to $299

Silver Pennant! _____

# of Classrooms raising $300 or more!

Gold Pennant! _____

TOP CLASSROOM CELEBRATION

If your school raised $750 or more, **please select only one** option below:

❑ P**lease send us** a (gift card for pizza party, reimbursement form for pizza party, scheduling form for Olive Garden pasta party.)

❑ **We prefer to have an alternate party**. Please mail us a Party Reimbursement Form in our Thank You Packet so we can be reimbursed up to $50 for a party of our choice. We agree to submit our receipts along with the completed Reimbursement Form.

❑ **Our school would like to donate** the cost of our party to The Leukemia & Lymphoma Society.

GIFT CARDS!

Please refer to the Prizes page for details on the gift card qualifications.

❑ Yes! Our school qualified for a gift card. Please send it to us.

❑ We would like to donate the gift card amount to The Leukemia & Lymphoma Society.