

## Easterseals Donor Tracking Sheet

(questions contact Krista: [kbieneman@ci.easterseals.com](mailto:kbieneman@ci.easterseals.com) or 686-1177 Ext. 2287)

**Your Name:** \_\_\_\_\_ **Team Leader:** \_\_\_\_\_

CASH, CHECK or CHARGE	DONOR NAME & CHARGE INFORMATION	ADDRESS & PHONE NUMBERS	PLEDGE AMOUNT
\$ _____  ck# _____  dated _____	Donor's Name: _____ Contact Name if Business: _____ √ One: ___ American Express ___ Discover ___ Visa or ___ MasterCard #   _____   Expiration Date: _____	√ One ___ Home Address ___ Business Address Street: _____ City: _____ State: _____ Zip: _____ Phone: _____ Email: _____	\$ _____  need to bill
\$ _____  ck# _____  dated _____	Donor's Name: _____ Contact Name if Business: _____ √ One: ___ American Express ___ Discover ___ Visa or ___ MasterCard #   _____   Expiration Date: _____	√ One ___ Home Address ___ Business Address Street: _____ City: _____ State: _____ Zip: _____ Phone: _____ Email: _____	\$ _____  need to bill
\$ _____  ck# _____  dated _____	Donor's Name: _____ Contact Name if Business: _____ √ One: ___ American Express ___ Discover ___ Visa or ___ MasterCard #   _____   Expiration Date: _____	√ One ___ Home Address ___ Business Address Street: _____ City: _____ State: _____ Zip: _____ Phone: _____ Email: _____	\$ _____  need to bill
\$ _____  ck# _____  dated _____	Donor's Name: _____ Contact Name if Business: _____ √ One: ___ American Express ___ Discover ___ Visa or ___ MasterCard #   _____   Expiration Date: _____	√ One ___ Home Address ___ Business Address Street: _____ City: _____ State: _____ Zip: _____ Phone: _____ Email: _____	\$ _____  need to bill
\$ _____  ck# _____  dated _____	Donor's Name: _____ Contact Name if Business: _____ √ One: ___ American Express ___ Discover ___ Visa or ___ MasterCard #   _____   Expiration Date: _____	√ One ___ Home Address ___ Business Address Street: _____ City: _____ State: _____ Zip: _____ Phone: _____ Email: _____	\$ _____  need to bill
\$ _____  ck# _____  dated _____	Donor's Name: _____ Contact Name if Business: _____ √ One: ___ American Express ___ Discover ___ Visa or ___ MasterCard #   _____   Expiration Date: _____	√ One ___ Home Address ___ Business Address Street: _____ City: _____ State: _____ Zip: _____ Phone: _____ Email: _____	\$ _____  need to bill

CASH, CHECK or CHARGE	NAME & CHARGE INFORMATION	ADDRESS & PHONE NUMBERS	PLEDGE AMOUNT
\$ _____ ck# _____ dated _____	Donor's Name: _____ Contact Name if Business: _____ ✓ One: ___ American Express ___ Discover ___ Visa or ___ MasterCard #   _____   Expiration Date: _____	✓ One ___ Home Address ___ Business Address Street: _____ City: _____ State: _____ Zip: _____ Phone: _____ Email: _____	\$ _____  need to bill
\$ _____ ck# _____ dated _____	Donor's Name: _____ Contact Name if Business: _____ ✓ One: ___ American Express ___ Discover ___ Visa or ___ MasterCard #   _____   Expiration Date: _____	✓ One ___ Home Address ___ Business Address Street: _____ City: _____ State: _____ Zip: _____ Phone: _____ Email: _____	\$ _____  need to bill
\$ _____ ck# _____ dated _____	Donor's Name: _____ Contact Name if Business: _____ ✓ One: ___ American Express ___ Discover ___ Visa or ___ MasterCard #   _____   Expiration Date: _____	✓ One ___ Home Address ___ Business Address Street: _____ City: _____ State: _____ Zip: _____ Phone: _____ Email: _____	\$ _____  need to bill
\$ _____ ck# _____ dated _____	Donor's Name: _____ Contact Name if Business: _____ ✓ One: ___ American Express ___ Discover ___ Visa or ___ MasterCard #   _____   Expiration Date: _____	✓ One ___ Home Address ___ Business Address Street: _____ City: _____ State: _____ Zip: _____ Phone: _____ Email: _____	\$ _____  need to bill
\$ _____ ck# _____ dated _____	Donor's Name: _____ Contact Name if Business: _____ ✓ One: ___ American Express ___ Discover ___ Visa or ___ MasterCard #   _____   Expiration Date: _____	✓ One ___ Home Address ___ Business Address Street: _____ City: _____ State: _____ Zip: _____ Phone: _____ Email: _____	\$ _____  need to bill
\$ _____ <b>TOTAL CASH, CHECK, CHARGE SIDE 1</b>		<b>TOTAL PLEDGES SIDE 1</b> \$ _____	
\$ _____ <b>TOTAL CASH, CHECK, CHARGE SIDE 2</b>		<b>TOTAL PLEDGES SIDE 2</b> \$ _____	
\$ _____ <b>TOTAL DONATIONS TURNED IN</b>		<b>TOTAL PLEDGES TURNED IN</b> \$ _____ <i>(Easterseals will send billing)</i>	