

**ALL SAINTS CATHOLIC SCHOOL  
PARENT NETWORK**

*A new name with a renewed purpose*

**DEPOSIT PLAN FORM**

**June 3, 2009**

Two people from each event needs to count the money together  
(at least one person should be the Event Coordinator/Commission)

**DATE:** \_\_\_\_\_

**AMOUNT:**

<b>CHECKS</b>	<b>\$</b>	_____
<b>CASH</b>	<b>\$</b>	_____
<b>TOTAL</b>	<b>\$</b>	_____

**SOURCE OF FUNDS (WHAT EVENT OR DONATION):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SUBMITTER NAMES:**

\_\_\_\_\_

\_\_\_\_\_

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Completed forms and monies should be sent to the All Saints Catholic School Office to:  
\_\_\_\_\_, Parent Network Treasurer

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**For Treasurer Use Only:**

<b>Acct. Name</b>	_____
<b>Deposit Date</b>	_____
<b>Deposit Amount</b>	<b>\$</b> _____