RFS ReCap Sheet

CHAPTER NAME _____ DATE RECEIVED BY CMA _____ RFS _____ *Year*

CHAPTER NUMBER _____ CHAPTER STATE _____

RUN FOR THE SON SECRETARY _____

DAYTIME PHONE (_____)_____ E-MAIL _____

SHIP TO ADDRESS _____ CITY/STATE/ZIP _____

NOTE DEADLINE: To be credited to current year RFS and eligible for incentives/national awards, all proceeds must be postmarked by **MAY 20**. Funds received after deadline will be credited to next year's RFS.

FOR OFFICE USE ONLY
VERIFIED
ENTERED
SUMMARY
INCENTIVES

(DO NOT SEND IN SPONSOR RECEIPT FORMS. DO NOT SEND IN INDIVIDUAL PACKETS. PRINT ONLY ONE NAME AND ONE DOLLAR TOTAL PER LINE.)

PARTICIPANT'S NAME (PRINT ONLY ONE NAME AND ONE $ TOTAL PER LINE.)	**CMA #**	**ADDRESS**	**CITY**	**STATE**	**ZIP**	7. **$ ENCLOSED** (ONLY LIST WHAT IS ACTUALLY ENCLOSED *NOT* PLEDGES OR MONEY PREVIOUSLY SENT TO CMA) **NO CASH**	8. **T-SHIRT** (FOR THOSE RAISING $100+) ***PLEASE INDICATE SIZE. ONE T-SHIRT PER PERSON**	**COMMENTS**
						COLUMN TOTAL		

***T-Shirt Sizes: S, M, L, XL, 2X, 3X, 4X, or 5X**

FOR OFFICE USE ONLY
TOTAL FOR RECAP SHEETS
$

FOR CHAPTER USE ONLY
CHAPTER TOTAL
$