



Verification of MDA Funds Raised

March 1, 2011 to February 28, 2012

Must be filled out by the Chapter Advisor and Submitted to your MDA Representative

Chapter/School _____

Advisor _____

School Address _____

City _____ Zip _____

Phone Number _____

Email _____

Event Information:

Event _____ Date _____

Location _____

Gross \$ _____

Expense \$ _____ (Note: Expenses incurred by MDA will also be deducted from your gross)

Net \$ _____ (to be sent to MDA)

This form and the donation **MUST** be *received and verified* by MDA before February 28, 2012 to receive recognition at the 2012 State Conference.

MDA	Verified by MDA
	Sponsor Code: X.1110
Amount Received \$ _____	Date Received _____
Net Amount to be reported \$ _____	
MDA Signature _____	