

**St. Joseph Church
17630 Virginia Avenue
Hagerstown MD 21740**

Funds Verification Receipt

Name of Event: _____

Date of Event: _____

Amount Collected: _____

Name of Chairperson/Organizer: _____

Phone Number of Chairperson/Organizer: _____

Important: *This form must be completed and returned to the Parish office at the close of the event.*

A copy of this form, with the monies collected, must be placed in the drop box safe.

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