

**DISABLED AMERICAN VETERANS AUXILIARY  
DEPARTMENT OF NORTH CAROLINA  
CHAPTER FUND RAISING ACTIVITY REPORT**

<b>UNIT NAME / NUMBER</b>	<b>DATE OF PROJECT</b>
<b>NAME OF PROJECT</b>	

**SUBMIT REPORT & PAYMENT TO DAV AUXILIARY STATE DEPARTMENT (VAVS) BEFORE**

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<b>TOTAL GROSS INCOME:</b>	\$		
<b>(ITEMIZE EACH EXPENSE BELOW):</b>			
<b>EXPENSES:</b>			
1	\$		
2	\$		
3	\$		
4	\$		
5	\$		
6	\$		
7	\$		
8	\$		
<b>TOTAL EXPENSES:</b>		\$	
<b>NET INCOME:</b>			
<b>(Subtract Total Expenses from Total Gross Income.)</b>		\$	
<b>MAKE CHECK PAYABLE TO:</b>			
<b>DAV AUXILIARY VAWS FUND</b>		\$	
<b>Multiply Net Income X 10%.)</b>		\$	

<b>AUTHORIZED CHAPTER SIGNATURE</b>	<b>TITLE</b>
<b>DATE OF RECEIPT:</b>	
<b>CHECK NUMBER:</b>	
<b>CHECK AMOUNT:</b>	<b>UNIT ADJUTANT</b>