

Center for Hope Ministries
AUXILIARY DEPOSIT SLIP

AUXILIARY: _____

DATE: _____

AMOUNT DEPOSITED: _____

DEPOSITED BY: _____
(PLEASE PRINT)

SIGNATURE: _____

Coins _____

Currency _____

Checks _____

Totals _____

(Tear along dotted line and give bottom copy back to auxiliary leader.) Bottom half to be completed by the office staff.

Center for Hope Ministries
(Auxiliary Deposit Receipt)

AUXILIARY: _____

DATE: _____

AMOUNT DEPOSITED: _____

RECEIVED BY: _____
(SIGNATURE)