

WALK-A-THON COLLECTION REPORT FORM

Name of Local Association: _____

Name of person submitting this form: _____

Date: _____ Phone Number (_____) _____

Complete this form and send it with money collected within 45 days of your Walk-A-Thon to: Credit Education Resources Foundation, 10726 Manchester Rd., Ste 210, St. Louis MO 63122. Please do not send cash.

<u>Names of Walkers:</u>	<u>Date Rec'd</u>	<u>Amount Collected</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

TOTAL COLLECTED AND SENT TO CORPORATE OFFICE: \$ _____

Keep a copy for your records - gives you a list for next year.

**MAKE CHECKS PAYABLE TO
CREDIT EDUCATION RESOURCES FOUNDATION**