

Date _____

DOUGLAS COUNTY MASTER GARDENERS

INCOME FORM

PLEASE ATTACH YELLOW COPY OF SALES BOOK

Receipts are required on all income, including donations

TOTAL AMOUNT DEPOSIT _____

Donations

Contributions _____

Grants _____

Pavilion _____

Dues-Hardcopy Newsletter _____

Dues-membership _____

PSP Income

Clinic & Office _____

Soil Testing _____

Disc Garden _____

HLC _____

Winter Program _____

Hospitality/Coffee _____

Special Events

Plant Sale _____

Entry Fees _____

Sales - event _____

Sales - pre _____

Sales - post _____

Vendor Booth _____

Raffle/Drawing _____

Special Events-other

Book Sale _____

Compost Tea _____

Tee-Shirt _____

Trash to Treasurers _____

EXPLANATION

