

400 S. Main, Suite 100

Newton, KS 67114

Phone: 316-283-5474

www.centralkansascf.org

DATE:       AFFILIATE OR FOUNDATION:

FUND NAME:

NAME:      PHONE or EMAIL:

ADDRESS:

**DEPOSIT:**

CASH $       \*list individually any goods/service value

CHECKS $

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TOTAL $

Total Receipt Acknowledgment

CKCF Staff Initial

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