



Congregation Shearith Israel SISterhood Deposit

Deposit # _____
For Treasurer Use

Date: _____

Please check which committee to deposit funds into:

- ExecVP
 Fundraising
 Membership
 Programming
 TorahFund
 Treasurer

Budget Line Description:

		Check \$	Donation \$
Payor	Check #	Amt.	Amount
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____
6	_____	_____	_____
7	_____	_____	_____
8	_____	_____	_____
9	_____	_____	_____
10	_____	_____	_____
11	_____	_____	_____
12	_____	_____	_____
13	_____	_____	_____
14	_____	_____	_____
15	_____	_____	_____
16	_____	_____	_____
17	_____	_____	_____
18	_____	_____	_____
19	_____	_____	_____
20	_____	_____	_____
21	_____	_____	_____
Total Checks	_____	_____	_____
Total Cash *	_____	_____	_____
Total	_____	_____	_____
Submitted by	_____	_____	_____
	Name		Date

***IF CASH IS SUBMITTED PLEASE PROVIDE DETAILS BELOW:**

NAME	AMOUNT
_____	_____
_____	_____
_____	_____
TOTAL CASH - TIES TO ABOVE	=====