



Event Summary Form

Please include this completed form inside a large envelope along with all cash and check donations.

Name: _____ Date: _____

Group/Company Name: _____

Mailing Address: _____

City, State, Zip: _____

Email: _____ Phone: _____

Event Title: _____ Event Date: _____

Event Description: _____

Total Money Collected: \$_____

Volunteer Hours (optional): Please record any volunteer hours, including time spent planning, shopping, putting kits together, or collecting items.

_____ # volunteers X _____ # hours each = _____ total volunteer hours

Submitting Donations:

- Donations may be mailed or brought to the Nursery, which is located at:
4544 4th Avenue South, Minneapolis, MN 55419.
- Donations are accepted Monday-Friday 8 a.m. – 5 p.m. and Saturday/Sunday 9 a.m. – 4 p.m.

We ask that you please:

- ✓ Submit all monetary donations in one large envelope, no later than 30 days after the event.
- ✓ Include [Monetary Donation Forms](#) for anyone requesting a receipt for cash or check.
- ✓ Include [In Kind Donation Forms](#) for anyone requesting a receipt for an item donation.

We'd love to hear about your event!

Send photos, stories, or feedback to AGilleland@CrisisNursery.org