



AMERICAN RED CROSS WAR FUND CONTRIBUTORS' LIST

DATE _____ 19____

FIRM OR DISTRICT SOLICITED _____

LOCATION _____ FIRM DEPT. _____

NAME OF WORKER _____ DIV. NO. _____

ADDRESS OF WORKER _____ TEAM NO. _____

NAME OF CONTRIBUTOR	HOME ADDRESS STREET CITY OR TOWN	AMOUNT
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25	TOTAL	

INDICATE PARTIAL
OR FINAL
REPORT

TOTAL CHECKS \$ _____ TOTAL CASH \$ _____ GRAND TOTAL \$ _____

TOTAL NUMBER OF CONTRIBUTIONS _____