**Today's Date** _____

**St. Cecilia Parish**
**42 Main Street**
**Wilbraham, MA 01095**

## DEPOSIT FORM

**PLEASE NOTE:** Income from a Parish function is ***never*** to be deposited in an individual's personal bank account.

**Activity/Function:** _____

**Date of Activity/Function:** _____

| Income Source | Cash Amount | Check Amount | Total Per Line Item |
|---|---|---|---|
| Ticket Sales | | | |
| Raffle | | | |
| Refreshments | | | |
| Deposit for Parish Center Use | | | |
| Donation Toward Activity | | | |
| Other (specify below) | | | |
| | | | |
| | | | |
| | | | |
| **SUBTOTALS:** | | | |
| **TOTAL AMOUNT ($) ENCLOSED TODAY:** | | | |

**During the reconciliation of this deposit, if the actual deposit total does not agree with the "Total Amount ($) Enclosed Today", do you want to be contacted?**

**Yes** ☐ **No** ☐

If you wish to be contacted, a daytime telephone number must be provided below. Please be advised that the deposit will only be held up until the next scheduled church deposit.

If you do not wish to be contacted, a copy of this revised deposit will be mailed to you for your records.

## APPROVAL SIGNATURE REQUIRED FOR DEPOSIT

_____

**Signature** **Daytime Telephone Number**

## Comments, Further Explanation (If Needed), etc.

_____

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