

Partner Organizations Contribution Tracking Form

Partner Information: *Required **

Name: _____

Member Information:

*First Name: _____ *Last Name: _____

*Year/Month: _____

Donation Information: Time will be in hours and Amount will be in whole dollars.

| <u>Event/Activity</u> | <u>Time/Hrs</u> | <u>Amount</u> |
|---------------------------------------------------------|-----------------|---------------|
| Act Fair | _____ | _____ |
| Additional CBS – related time spent | _____ | _____ |
| Attendance at other CBS – related meetings | _____ | _____ |
| Career Fair | _____ | _____ |
| CBS Community Service | _____ | _____ |
| CBS Monthly Meetings | _____ | _____ |
| Cities That Read | _____ | _____ |
| Girl Power | _____ | _____ |
| Ice Cream Sundae Bar | _____ | _____ |
| Parma Collaborative | _____ | _____ |
| Readathon | _____ | _____ |
| Shadowing/Tours | _____ | _____ |
| Student Recognition Programs | _____ | _____ |
| Time spent driving to CBS – related activities/meetings | _____ | _____ |

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