

ANNUAL REPORT - - RAFFLES & BAZAARS

BREWSTER

DATE

Name and address of Nonprofit Organization:

Expiration date of Permit: _____

Number of Raffles and Bazaars held: _____

Amount of money received: \$ _____

Expenses connected with raffles conducted: \$ _____

Net Proceeds: \$ _____

For what purposes were the proceeds used?

Names & Addresses of Winners of \$250.00 or more:

(Attach additional pages as necessary)

We, the undersigned, do hereby certify that this report is true and complete.

Accountant

1. _____
2. _____
3. _____

Report Certified to be in
Conformity with
Chapter. 810, Acts of 1969:

Signature of Authorized Officer or
Member of the Organization

Town Clerk