CHARITABLE CONTRIBUTION DISTRIBUTION LIST
INSTRUCTIONS: Complete this schedule if your organization made charitable contributions of gaming proceeds to other organizations and/or individuals. This form MUST be attached to your Annual Raffle Report or Annual Bingo Report. If your organization did not make charitable contributions to other organizations or individuals, write NONE. Attach additional sheets if necessary.


|  | Receiving Organization/Individual |  |  |  |  | How Paid |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Date of Distribution | Name of Organization OR Individual | Address | Contact Person | Telephone Number | Dollar Amout of Contribution | Check \# | Other** | Purpose of Contribution |
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[^0]:    ** If contribution was not paid by check issued by your organization, please note method of payment and provide supporting documentation.

