### GOLDEN EMPIRE COUNCIL

## FINANCE TRANSMITTAL

**DATE:** ______________________  **UNIT #:** ______________________  **DISTRICT:** ______________________

**CAMPAIGN:** ______________________  **WARD:** ______________________  **WORKER:** ______________________

**DIVISION LEVEL (Circle Level Below):** ______________________

### CONTRIBUTOR'S NAME | TOTAL PLEDGE AMOUNT | TOTAL PAYMENT AMOUNT | BALANCE |
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Family</td>
<td>LDS</td>
<td>DistrictCommunity</td>
<td>District Leadership</td>
</tr>
</tbody>
</table>

1. [CONTRIBUTOR'S NAME]  
   - TOTAL PLEDGE AMOUNT:  
     - Cash:  
     - Check:  
     - Credit Card:  
     -Request Coin:  
     - TO BE BILLED:  

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     - TO BE BILLED:  

### TOTALS

- Total Number of Gifts  
- Total Amount Pledged
- Total Amount Paid

**Unit Representative's Signature:** ______________________

**District Representative's Signature:** ______________________

**Auditor's Signature:** ______________________

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**PLEASE ATTACH ALL PLEDGE CARDS, CASH, CHECKS, AND CREDIT CARD INFORMATION!!**

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### For Office Use Only

**Date Receipted:** ______________________  **Total Recognitions Received:** ______________________

**Auditor's Signature:** ______________________  **Transmittal No.:** ______________________

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**Finance - White Copy**  **DE's 2nd Copy - Yellow Copy**  **DE's 1st Copy - Pink Copy**  **Unit Rep - Golden Copy**