



Lemonade Stand
Saving Pets' Lives, One Sip at a Time

Collection Form

Name: _____ Age: _____

Address: _____

City, State, Zip: _____

Parent/Guardian Name: _____

Parent/Guardian Email: _____

Parent/Guardian Phone: _____

Date of Lemonade Stand: _____

How much did you raise for the pets? \$ _____

(Complete the Donation Accounting form on back.)

Please complete this form and mail with your donations to:

CHS, Jill Fowler, 701 Russell Road, Newington, CT 06111

Or bring this form with your donations to a CHS location:

701 Russell Road, Newington, CT

455 Post Road East, Westport, CT (call for appointment 860-594-4500 x6605)

169 Old Colchester Road, Quaker Hill, CT

Open Sunday through Saturday, 12 pm to 4:30 pm

Great Job! Thank you for making brighter futures for pets!

Parents, if you would like to see your child's lemonade stand photo on social media or in print, please send a photo to marketing@CThumane.org. Confirm parental approval for publishing photo in your email.

Questions? Contact jfowler@CThumane.org or call 860.594.4500 x6305

www.CThumane.org/lemonade

For office use: Received Date:

Received by:

Donation Accounting Form

Please complete for all donations collected.

Currency	No. of each	\$ Amount
50s		
20s		
10s		
5s		
1s		
0.50		
0.25		
0.10		
0.05		
0.01		
		Total Currency Amount: \$

Checks	No. of Checks	Total Check Amount:
		\$

Total Donations: \$
