



# Lemonade Stand

## 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**

**863 Danbury Road, Wilton, CT**

**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](http://www.CThumane.org/lemonade)

For office use: Received Date:

Received by:

## Donation Accounting Form

Please complete for all donations collected.

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

<b>Checks</b>	<b>No. of Checks</b>	<b>Total Check Amount:</b> \$
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**Total Donations:**

\$