Learning Disabilities Association of Kingston

**INCOME Reporting Form**

Name: .....
.....
Address: .....
.....
.....

Project or Event Name (if applicable)

.....

| Date Income Received | Full Details of Income (Please indicate if cash or cheques) | Category (*) | Paperwork "P" Attached | AMOUNT |
|---|---|---|---|---|
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| | | | TOTAL | |

Please attach any accompanying paperwork and mark "P" in the appropriate column where it applies.
Please select an appropriate category from the list below and enter it in the "Category" column.

This is to certifly that the amounts shown on this statement were received by me on behalf of L.D.A. of Kingston:

Signature .....

Name (please print): .....

LDAK received by: .....

LDAK date received: .....

Categories (* please enter number in table above)

| | | | |
|---|---|---|---|
| 1 | Ticket sales | 2 | Workshop or conference fees |
| 3 | Item Sales | 4 | Sponsorship |
| 5 | Paid advertising | 6 | Auction |
| 7 | Raffle | 8 | Donations-in-kind |
| 9 | Unsolicited donation | 10 | Specified donations (e.g., Memorial fund) |
| 11 | Grant | 12 | Other (please specify) |
| 13 | Donations (general) | | |

| Distribution of Income (for office use only) | | |
|---|---|---|
| Account | $ | |
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| TOTAL | | |