

REPORT OF SHRINE CLUBS
Supplementary Fundraising Report
Year Ended December 31, 2024

Name of Club: _____

Federal EIN: _____

CHARITABLE FUNDRAISING

1. Gross Revenues: \$ _____

2. Gross Expenditures: \$ _____

NET PROCEEDS: \$ _____

3. Amount to Shriners Hospitals* \$ _____

4. Amount Retained for Transportation Fund** \$ _____

* Must equal NET PROCEEDS (Line 1-2) unless an amount was approved for transportation

** Requires prior approval by Potentate & Recorder.

FRATERNAL FUNDRAISING

5. Gross Revenues: \$ _____

6. Gross Expenditures: \$ _____

7. NET PROCEEDS Transferred to Your
General Fund \$ _____

(Equals Net of Line 5 minus Line 6 and must
be included in **LINE F** of your primary report spreadsheet)

Prepared By: _____ Title: _____

Cell Phone: _____

Email: _____