Date: ____________________ Day of the Week: ________________ Sheet: ___ of ____

Charity Christian Church Deposits

Full Name	Amount	Payment Type		Check #	Purpose (Offering, Tithes, Building Fund, etc)
________________________	$_______	____ Cash ____ M/O	___ Check ___ Other	_______	__________
________________________	$_______	____ Cash ____ M/O	___ Check ___ Other	_______	__________
________________________	$_______	____ Cash ____ M/O	___ Check ___ Other	_______	__________
________________________	$_______	____ Cash ____ M/O	___ Check ___ Other	_______	__________
________________________	$_______	____ Cash ____ M/O	___ Check ___ Other	_______	__________
________________________	$_______	____ Cash ____ M/O	___ Check ___ Other	_______	__________
________________________	$_______	____ Cash ____ M/O	___ Check ___ Other	_______	__________
________________________	$_______	____ Cash ____ M/O	___ Check ___ Other	_______	__________
________________________	$_______	____ Cash ____ M/O	___ Check ___ Other	_______	__________
________________________	$_______	____ Cash ____ M/O	___ Check ___ Other	_______	__________
________________________	$_______	____ Cash ____ M/O	___ Check ___ Other	_______	__________
________________________	$_______	____ Cash ____ M/O	___ Check ___ Other	_______	__________
________________________	$_______	____ Cash ____ M/O	___ Check ___ Other	_______	__________
________________________	$_______	____ Cash ____ M/O	___ Check ___ Other	_______	__________
Total:	$_______				
Grand Total:	$_______				

Writer Signature: ______________________________________

Verifier Signature: ______________________________________

Verifier Signature: ______________________________________

Date: ____________________ Day of the Week: ________________ Sheet: ___ of ____

Charity Christian Church Deposits

Full Name	Amount	Payment Type		Check #	Purpose (Offering, Tithes, Building Fund, etc)
______________________	$________	____ Cash ____ M/O	___ Check ___ Other	________	____________
______________________	$________	____ Cash ____ M/O	___ Check ___ Other	________	____________
______________________	$________	____ Cash ____ M/O	___ Check ___ Other	________	____________
______________________	$________	____ Cash ____ M/O	___ Check ___ Other	________	____________
______________________	$________	____ Cash ____ M/O	___ Check ___ Other	________	____________
______________________	$________	____ Cash ____ M/O	___ Check ___ Other	________	____________
______________________	$________	____ Cash ____ M/O	___ Check ___ Other	________	____________
______________________	$________	____ Cash ____ M/O	___ Check ___ Other	________	____________
______________________	$________	____ Cash ____ M/O	___ Check ___ Other	________	____________
______________________	$________	____ Cash ____ M/O	___ Check ___ Other	________	____________
______________________	$________	____ Cash ____ M/O	___ Check ___ Other	________	____________
______________________	$________	____ Cash ____ M/O	___ Check ___ Other	________	____________
______________________	$________	____ Cash ____ M/O	___ Check ___ Other	________	____________
______________________	$________	____ Cash ____ M/O	___ Check ___ Other	________	____________
Total:	$________				
Grand Total:	$________				

Writer Signature: ____

Verifier Signature: ____

Verifier Signature: ____