

Attachment 2

CMAIN Aided Project Record

Aided Project/Individual/Org. Name: _____

Aid Amount: \$ _____ Project Date: _____ to _____

Aided Party/Recipient Contact:

Name: _____

Email: _____

Tel. No. : _____

Address: _____

Recipient's Relation to CMAIN: _____

Aid Fund transferred through:

PAYPAL: \$ _____ GOOLGE CHECKOUT: \$ _____ CHECK : \$ _____

WIRE TRANSFER : \$ _____ CASH:\$ _____

Transaction/Check No: _____

Gift/Receipt ID: _____

Project Circumstances:

Aid Reason:

Recipient Signature:

Date:

Print Name:

CMAIN project Manager Signature:

Date:

Print Name:

CMAIN Board Member Signature:

Date:

Print Name:

Project Final Archived Date and Note:
