

**Return to: Church World Service/CROP
Wisconsin Regional Office
1955 West Broadway, Ste. 102
Madison WI 53713
1-888-CWS-CROP or 1-608-222-7008**

Fall 2006 – Spring 2007 COLLECTION ENVELOPE ACCOUNTABILITY FORM

Name of Event _____ Pin # _____

Your Name _____

Address _____

Phone _____

Number of Envelopes Received by the Event _____
(To be filled in by Regional Office)

Number of WALK Participants _____
(Include Walkers and volunteers)

of Envelopes --

_____ "USED" envelopes returned to the CWS/CROP Office

_____ "UNUSED" envelopes destroyed or returned to the CWS/CROP Office

_____ Cannot account for - (Lost, don't know)

_____ Other reasons, please specify _____

Please return ALL used solicitation (Walker/Sponsor) envelopes and this form as soon as possible after the event. WE MUST HAVE YOUR W/S FORMS TO COMPLETE OUR FINANCIAL RECORDS AND CREDIT YOUR DESIGNATIONS TO OTHER ORGANIZATIONS! RETURN TO:

**Church World Service/CROP
1955 West Broadway Ste 102
Madison, WI 53713**

Thank you for your help and attention to this important detail.