

Wake Forest Baptist Medical Center Office of Development  
**PROCEEDS TRANSMITTAL FORM**

Event: \_\_\_\_\_  
 Date of Event: \_\_\_\_\_  
 Today's Date: \_\_\_\_\_  
 Organizer Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Net Proceeds: \$ \_\_\_\_\_  
 Designation of Proceeds: \_\_\_\_\_

**NET PROCEEDS**

Cash Total	\$ _____
Check Total	\$ _____ <i>(please list checks below)</i>

Date	Description	Amount	Check #	Cash	Total

Please deliver proceeds with this form to Wake Forest Baptist Medical Center Office of Philanthropy:

**Mailing Address**  
 Wake Forest Baptist Medical Center  
 Office of Philanthropy  
 P.O. Box 571021  
 Winston-Salem, NC 27157-1021

**Physical Address**  
 Piedmont Plaza One  
 7th Floor-Office of Philanthropy and Alumni Relations  
 1920 W. First St.  
 Winston-Salem, NC 27104

