CROOKED BILLET – HALLOWELL HSA  
DEPOSIT FORM

Date: ________________________________________________

Event: ________________________________________________

**Coins:** Coins must now be rolled if amount meets roll requirements noted in ( )

0.01 ($0.50) ____________________________
0.05 ($2) ________________________________
0.10 ($5) ________________________________
0.25 ($10) ________________________________
0.50 ($10) ________________________________
1.00 ________________________________

Total Coins: ____________ ____________

**Cash:**

1.00 ________________________________
2.00 ________________________________
5.00 ________________________________
10.00 ________________________________
20.00 ________________________________
50.00 ________________________________
100.00 ________________________________

Total Cash: ____________ ____________

**Checks:** ________________________________

**Grand Total:** $__________

Counted by: ________________________________

Second Count: ________________________________

*All deposits must be counted by 2 people. All deposits must be placed in the school safe after the event or fundraiser. Please email us when it is ready for pick up at steph81651@aol.com or bethannadeacon@yahoo.com. If you have any questions, please call / text Beth Anna Deacon @ (215) 205-5523.*