

**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](mailto:steph81651@aol.com) or [bethannadeacon@yahoo.com](mailto:bethannadeacon@yahoo.com).  
If you have any questions, please call / text Beth Anna Deacon @ (215) 205-5523.**