THIRD SOURCE FUNDING
(TSF)

2010/2011 SCHOOL YEAR
DONATION HOURS 15

FAMILY NAME:_____

NAME OF EVENT	DATE WORKED	LAST NAME	FIRST NAME	HOURS WORKED
			DONATE HRS:	15
			WORKED HRS:	
			HRS REMAIN:	

KEEP TRACK OF THE TSF HOURS YOU WORK. TURN YOUR HOURS INTO THE SCHOOL OFFICE OR E-MAIL THEM TO CHRISTINE CHAMBERS AT cchambers@lourdesdepere.org BY THE END OF THE YEAR. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE SCHOOL OFFICE AT 920-336-3091