CUMULATIVE LIGHTHOUSE REPORT

To Be completed by Area VP of Finance Development

EIN # _____

Area _____ ID # _____

VP of Finance Dev _____ President _____

VP's email _____ President's email _____

Address _____

City, ST ZIP _____ Annual Period Ending _____

Phone _____

Please use this form to send in a cumulative report for all of your Lighthouses

Under Income, list the income BEFORE taking out expenses

LIGHTHOUSE NAME	ID#	EIN#	INCOME	EXPENSE
		TOTALS	$ -	$ -

Submitted by (Signature) _____ Date _____

If you have more Lighthouses than listed please use two forms.

Please submit this report by February 28th to LindaJones@aglow.org OR mail to:

Aglow International, PO Box 1749, Edmonds WA 98020-1749 Attn: Linda Jones

Jan-17