



2017 Torch Run Deposit Form

DEPOSIT - FAX COVER SHEET and/or MAILING FORM

Today's Date: _____ Date of Actual Deposit: _____

Agency Name: _____

Amount Deposited: \$ _____

Officer Name: _____

Phone Number: (____) _____

Fax Number: (____) _____

Email: _____

Please list the amount raised by event – **for this deposit only**

Merchandise sales \$ _____ Tip-A-Cop \$ _____ Polar Plunge \$ _____

Cops-on-Top \$ _____ Over the Edge \$ _____ Walks/Runs \$ _____

Publix Campaign \$ _____ Plane Pull \$ _____ Golf Tournament \$ _____

Motorcycle Ride \$ _____ General Donation \$ _____ Other \$ _____

If other, please explain _____

FILL THIS FORM OUT IN ORDER TO RECEIVE CREDIT

*THE DEPOSIT SLIP COPY MUST BE **LEGIBLE** AND ALSO **ACCOMPANY THIS FORM** TO ENSURE CREDIT TO YOUR AGENCY.

Fax /email this form WITH YOUR DEPOSIT SLIP to the SONC office

Special Olympics North Carolina

Fax: 919-719-7663

Email: nctorchrun@sonc.net