



Fundraising Deposit Form

DEPOSIT – FAX/EMAIL COVER SHEET

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

Agency Name: _____

Cash/Check Deposited: \$ _____ Square Amount: \$ _____

Officer Name: _____

Phone Number: (____) _____

Fax Number: (____) _____

Email: _____

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

Merchandise Sales \$ _____	State Sponsor \$ _____	Motorcycle Ride \$ _____
Tip-A-Cop \$ _____	5K/Virtual Run \$ _____	General Donation \$ _____
Polar Plunge \$ _____	Publix Campaign \$ _____	WOD \$ _____
Cops-on-Top \$ _____	Plane Pull \$ _____	No-Shave \$ _____
Over the Edge \$ _____	Golf Tournament \$ _____	Dunkin Campaign \$ _____
	Other \$ _____	

If other, please explain _____

FILL THIS FORM OUT IN ORDER TO RECEIVE CREDIT

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

Email/fax this form WITH COPY OF DEPOSIT SLIP to the SONC office

Special Olympics North Carolina
Email: nctorchrun@sonc.net
Fax: 919-355-0009