

Deposit Form



Local Program or Area Name _____

Your Name _____ Date _____

Your Contact Info: Phone _____ Email _____

Please total the funds being deposited:

Total Donations \$ _____ Total Fundraising \$ _____

Please tell us any additional information you have about these funds:

Examples include: We had a bake sale. These are memorial donations in honor of Jane Doe. We had a bowl-a-thon.

Donors to Thank

We will thank all donors that have provided contact information (through their check or accompanying information). Please provide any additional information that should be included in the thank you letter.

Please provide any additional names of donors that should be thanked.

Name _____ Amount _____

Address _____

Name _____ Amount _____

Address _____

Name _____ Amount _____

Address _____

- Please mail checks and money orders. Do not mail cash.
- All Deposit Forms should be mailed or emailed to SONH, SpecialOlympics@sonh.org