

Record of Total Funds Raised

Use this form to keep track of funds raised. Make extra copies of form as needed.

Please print information:

PLUNGER: _____
 FIRST Name Initial LAST Name Daytime Phone Ext.
 Address _____ City _____ St _____ Zip _____

PLEASE MAKE CHECKS OR MONEY ORDERS PAYABLE TO: SPECIAL OLYMPICS NEW JERSEY

Donor Name (please print)	Phone or E-mail	Check/M. O. #	\$ Amount:*
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

Total Collected: \$

*\$25 deposit credited to your \$100 minimum to Plunge

CHECKS OR MONEY ORDERS
 (no cash or credit card via mail)

PAYABLE TO:

Special Olympics New Jersey
 3 Princess Road, Lawrenceville, NJ 08648
 609-896-8000



Check or Money Order #: