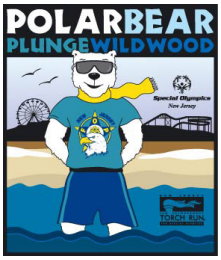

RECORD OF TOTAL FUNDS RAISED

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)	Home Phone	Check/M. O. #	$ Amount:*
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

Donations & Plunger Registration Form must be returned to Special Olympics New Jersey:

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

Special Olympics New Jersey

Total Collected: $

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

Check or Money Order #: