



Record of Total Funds Raised

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

Please print information:

Player: _____
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. _____			

Total Collected: \$

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 #: