



DEPOSIT FORM

Transit #

Account #

Relationship with Special Olympics Ontario:

Name of Community:

Region #

Person completing this form:

Home Phone:	<input type="text"/>
Business Phone:	<input type="text"/>
Home Fax:	<input type="text"/>
E-mail:	<input type="text"/>

**Please only use this form if you
DO NOT require donation
receipts.**

Revenue detail:

<input type="checkbox"/>	Event
<input type="checkbox"/>	Fundraiser
<input type="checkbox"/>	Athlete fees
<input type="checkbox"/>	Other

<input type="checkbox"/>	Donation
<input type="checkbox"/>	Transportation
<input type="checkbox"/>	Sponsorship (Corporation)
<input type="checkbox"/>	Banquet

Club:

Name:	<input type="text"/>	Amount:	<input type="text"/>
Name:	<input type="text"/>		<input type="text"/>
Name:	<input type="text"/>	Amount:	<input type="text"/>
Name:	<input type="text"/>	Amount:	<input type="text"/>
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Name:	<input type="text"/>	Amount:	<input type="text"/>
Name:	<input type="text"/>	Amount:	<input type="text"/>
Name:	<input type="text"/>	Amount:	<input type="text"/>
Name:	<input type="text"/>	Amount:	<input type="text"/>
Name:	<input type="text"/>	Amount:	<input type="text"/>

Signature	<input type="text"/>	# of Cheques:	Total Deposit	
Date mailed:	<input type="text"/>			\$ -