



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			

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

Special Olympics New Jersey
 1 Eunice Kennedy Shriver Way
 Lawrenceville, NJ 08648
 609-896-8000



Total Collected: \$

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

Check or
 Money Order #: