

2016 Polar Plunge **Donation Tracking Form**

Name:		
Team Name :		
Plunge Location :		

Donor's Name	Address	City	State	ZIP	Phone Number	Amount	Check(CK) or Cash(CA)	Paid ü			
Jack Frost	605 E. Willow St.	Normal	IL	61761	800-394-0562	\$50	CA	ü			
Offline Subtotal	\$		Return this form, with all collected donations, at your Plunge event registration. Please make all checks payable to Special Olympics Illinois.								
Total Raised Online	\$	*Offline donors	*Offline donors of \$100 or more will receive a mailed receipt from Special Olympics Illinois.								
Grand Total Raised	\$	You may	You may use Plunge donor receipts for cash or check donations less than \$100.								