Special Olympics Ontario | **TORCH RUN** FOR SPECIAL OLYMPICS / LAW ENFORCEMENT ONTARIO

Important Notice: A separate *Transaction & Deposit Record* form must be used for each **Deposit Type**. Indicate the **Deposit Type** by selecting General or Trust Account.

General Account Deposit : ☐   Trust Account Deposit (Raffles): ☐

Transit no. 06702 Account No. [_ _ _ _ _ _ _] (7 digits) Date: _____

For Torch Run ,please indicate **Zone Number:** _____ and **LETR Agency Name:** _____

| Law Enforcement Torch Run ☐ | SOO Club ☐ | SOO Community ☐ | SOO Region ☐ | Others ☐ |

The **Name of** SOO Club / SOO Community / SOO Region / Other Affiliate is:
_____Region No. _____

Information of Person completing this form: Name: _____First_____ /_____Last_____
Address: __Unit #_ _Street #_____Street Name_____/__City/Town_/__Postal Code__
Home Tel: (_____)_____-_____, Home Fax: (_____)_____-_____
Office Tel: (_____)_____-_____, Office Fax: (_____)_____-_____
E-Mail Home: _____, E-Mail Office: _____

Select the revenue item this Transaction & Deposit Record represents. **Only one box may be checked!** Please provide details in space.

☐ Event (i.e.:BBQ, car wash, golf):	☐ Membership (i.e.: T-shirts):
☐ Gaming (i.e.: 50/50, Bingo, Raffles):	☐ Sponsorship (i.e.: Corporation):
☐ Registration Fees (Not Receiptable)	☐ Adopt-a-Cop :
☐ Donations or Memorials:	☐ Others Specify:

This section **must** be used if an individual or corporation **requires a tax receipt**.

Donor / Address	Cheque Date / Cheque #	$ Donation Amount / Cash / Cheque	* Check for Tax Receipt
Donor Name: _____First_____ / _____Last_____ Address: __Unit #__/__Street #__/_____Street Name_____ _____City/Town_____/____Postal Code_____/____Phone Number_____	_Cheque Date_ __Cheque #__	$ Donation Amount — Donation was in: Cash ☐ Cheque ☐	☐
Donor Name: _____First_____ / _____Last_____ Address: __Unit #__/__Street #__/_____Street Name_____ _____City/Town_____/____Postal Code_____/____Phone Number_____	_Cheque Date_ __Cheque #__	$ Donation Amount — Donation was in: Cash ☐ Cheque ☐	☐
Donor Name: _____First_____ / _____Last_____ Address: __Unit #__/__Street #__/_____Street Name_____ _____City/Town_____/____Postal Code_____/____Phone Number_____	_Cheque Date_ __Cheque #__	$ Donation Amount — Donation was in: Cash ☐ Cheque ☐	☐
Donor Name: _____First_____ / _____Last_____ Address: __Unit #__/__Street #__/_____Street Name_____ _____City/Town_____/____Postal Code_____/____Phone Number_____	_Cheque Date_ __Cheque #__	$ Donation Amount — Donation was in: Cash ☐ Cheque ☐	☐
Donor Name: _____First_____ / _____Last_____ Address: __Unit #__/__Street #__/_____Street Name_____ _____City/Town_____/____Postal Code_____/____Phone Number_____	_Cheque Date_ __Cheque #__	$ Donation Amount — Donation was in: Cash ☐ Cheque ☐	☐
Donor Name: _____First_____ / _____Last_____ Address: __Unit #__/__Street #__/_____Street Name_____ _____City/Town_____/____Postal Code_____/____Phone Number_____	_Cheque Date_ __Cheque #__	$ Donation Amount — Donation was in: Cash ☐ Cheque ☐	☐
Donor Name: _____First_____ / _____Last_____ Address: __Unit #__/__Street #__/_____Street Name_____ _____City/Town_____/____Postal Code_____/____Phone Number_____	_Cheque Date_ __Cheque #__	$ Donation Amount — Donation was in: Cash ☐ Cheque ☐	☐
Donor Name: _____First_____ / _____Last_____ Address: __Unit #__/__Street #__/_____Street Name_____ _____City/Town_____/____Postal Code_____/____Phone Number_____	_Cheque Date_ __Cheque #__	$ Donation Amount — Donation was in: Cash ☐ Cheque ☐	☐
Donor Name: _____First_____ / _____Last_____ Address: __Unit #__/__Street #__/_____Street Name_____ _____City/Town_____/____Postal Code_____/____Phone Number_____	_Cheque Date_ __Cheque #__	$ Donation Amount — Donation was in: Cash ☐ Cheque ☐	☐

Cash Converted to Money Order $ _____   **Cheques Enclosed $** _____   **Total Amount Sent For Deposit $** _____

Signature of Person Completing Form _____

Notes:

Date form mailed: __d__/__m__/__y__

| **Please keep a copy for your own record!!!** | Form #: SOOTR2009 | **If you paid for a money order, please attach the bank receipt for reimbursement!** | $ Amount |
| | ***Tax Receipts issued for donations of $20.00 and over, if indicated above. *** | Office Use Only → | Deposit# ____ Initial ____ Date__D__M__Y__ Batch # | Raiser Edge ____ Initial ____ Date__D__M__Y__ Batch # |