Special Olympics Ontario

LAW ENFORCEMENT TORCH RUN FOR SPECIAL OLYMPICS ONTARIO

Transaction & Deposit Form

Do not take this form to the bank. **Mail this form to SOO**
65 Overlea Blvd. Suite 200 Toronto, ON M4H 1P1

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.

Pg. ___ of ___

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 Name / Address / City/Town / Postal Code / Phone Number	Cheque Date	$ Donation Amount	* Check for Tax Receipt
Donor Name: _First_ / _Last_ Address: _Unit #_/ _Street #_/ _Street Name_ _City/Town_/_Postal Code_/ _Phone Number_	_Cheque Date_	$ Donation Amount	* Check for Tax Receipt
	__Cheque #__	Donation was in: Cash ☐ Cheque ☐	☐
Donor Name: _First_ / _Last_ Address: __ Unit #__/ __ Street #__/ _Street Name_ _City/Town_/_Postal Code_/ _Phone Number_	_Cheque Date_	$ Donation Amount	* Check for Tax Receipt
	__Cheque #__	Donation was in: Cash ☐ Cheque ☐	☐
Donor Name: _First_ / _Last_ Address: __ Unit #__/ __ Street #__/ _Street Name_ _City/Town_/_Postal Code_/ _Phone Number_	_Cheque Date_	$ Donation Amount	* Check for Tax Receipt
	__Cheque #__	Donation was in: Cash ☐ Cheque ☐	☐
Donor Name: _First_ / _Last_ Address: __ Unit #__/ __ Street #__/ _Street Name_ _City/Town_/_Postal Code_/ _Phone Number_	_Cheque Date_	$ Donation Amount	* Check for Tax Receipt
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	__Cheque #__	Donation was in: Cash ☐ Cheque ☐	☐
Donor Name: _First_ / _Last_ Address: __ Unit #__/ __ Street #__/ _Street Name_ _City/Town_/_Postal Code_/ _Phone Number_	_Cheque Date_	$ Donation Amount	* Check for Tax Receipt
	__Cheque #__	Donation was in: Cash ☐ Cheque ☐	☐

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

Signature of Person Completing Form

Date form mailed: __d__/__m__/__y__

Notes:

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	Raiser Edge	Initial
Date__D__M__Y__ Batch #		Date__D__M__Y__ Batch #	