



# 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 #: