



PLEASE INCLUDE THIS FORM WITH ALL REMITTED FUNDS

Agency: _____

Date: _____

Person remitting form:

Name: _____

Phone: _____ Email: _____

Merchandise Sold:

Number of Hats :	_____	@	\$15	_____
Number of T-Shirts :	_____	@	\$25	_____
Number of Tech Shirts: (Tech & Racerback)	_____	@	\$25	_____
Number of Polos:	_____	@	\$30	_____
Number of Coins:	_____	@	\$15	_____

Merchandise Total \$: _____

Brief description of Other Fundraising:

_____ Amt = _____
 _____ Amt = _____
 _____ Amt = _____

Other Fundraising Total \$: _____

Total Amount Remitted \$: _____

DO NOT SEND CASH -- checks and money orders ONLY please!

For Special Olympics Florida use ONLY

County Code	Project Code	Total Amt	Description	Deposit Type	Deposit Amt	Batch #	Entered
	1200		Merchandise Sales	Check			<input type="checkbox"/>
	1230		Tip a Cop	Cash			<input type="checkbox"/>
	1250		Other Fundraising	ACH / Elavon			<input type="checkbox"/>
			Employee Giving	BBMS			<input type="checkbox"/>

Please remit to: Special Olympics Florida, Attn: Ken Roop, 1915 Don Wickham Drive, Clermont, FL 34711