



PLEASE INCLUDE THIS FORM WITH ALL REMITTED FUNDS

Agency: _____ **Date:** _____

Person remitting form:

Name: _____

Phone: _____ Email: _____

Merchandise Sold:

Number of Hats : _____ @ \$20 _____

Number of T-Shirts : _____ @ \$15 _____
(Cotton & Racerback)

Number of Tech Shirts: _____ @ \$20 _____

Number of Polos: _____ @ \$30 _____

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="text"/>
	1230		Tip a Cop	Cash			<input type="text"/>
	1250		Other Fundraising	ACH / Elavon			<input type="text"/>
			Employee Giving	BBMS			<input type="text"/>

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