



**PLEASE INCLUDE THIS FORM WITH ALL REMITTED FUNDS**

**Agency:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Person remitting form:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Merchandise Sold:**

Number of Hats :	_____	@	\$10	_____
Number of T-Shirts :	_____	@	\$20	_____
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