



LOCAL PROGRAM DONATIONS INCOME TRANSMITTAL

TEAM NAME: _____ AREA: _____ COMPLETED BY: _____

Please list all local program Donations and Miscellaneous Income on this form and forward to the Chapter office within ten days of the receipt of income.

DONATIONS

DATE	DONOR NAME	ADDRESS	CHECK #	AMOUNT
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
TOTAL DONATIONS				\$

MISCELLANEOUS INCOME

DATE	DESCRIPTION OF INCOME	CHECK #	AMOUNT
			\$
			\$
			\$
			\$
			\$
TOTAL MISCELLANEOUS			\$

Please mail this form along with all corresponding cash receipts to:

Idaho Special Olympics, 8426 Fairview Ave., Boise, ID, 83704.

DO NOT SEND CASH THOUGH THE MAIL, convert all cash to a money order prior to forwarding.

Office Use Only: Total Received: _____ Date Received: _____ Verified By: _____