



## 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
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
<b>TOTAL DONATIONS</b>				\$

**MISCELLANEOUS INCOME**

DATE	DESCRIPTION OF INCOME	CHECK #	AMOUNT
			\$
			\$
			\$
			\$
			\$
<b>TOTAL MISCELLANEOUS</b>			\$

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

Special Olympics Idaho, 199 E 52<sup>nd</sup> Garden City, ID 83714

**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: _____
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