



Special Olympics
Washington

Motivate. Inspire. Succeed.

DONATION RECEIPT Please complete this form and submit with all cash and checks to SOWA for Area Fundraising. One form per mailing is needed.

Name:

Area:

Email:

Phone:

Submission Date:

Cash deposits are for in person drop off only.
Please convert all cash to a cashier's check if mailing.

X	INCOME	CASH AMOUNT	CHECK(s) AMOUNT	NOTES
	T-Shirt Sales	\$	\$	
	Business Sponsorship/Solicitation	\$	\$	
	Donation Jar/Tabling	\$	\$	
	Event:	\$	\$	
	Raffle Tickets	\$	\$	
	General Donation	\$	\$	
	Other:	\$	\$	
Total Amount Enclosed: <input type="checkbox"/> Cash \$ _____ <input type="checkbox"/> Checks \$ _____				
	Peer-to-Peer Envelopes	Number of Envelopes: _____		

Notes:

RETURN COMPLETED FORM WITH CHECKS/CASH TO:
Special Olympics Washington, 1809 7th Ave, Suite 1509, Seattle, WA 98101