FUNDRAISING RECEIPT

LAW ENFORCEMENT
TORCH RUN®
FOR SPECIAL OLYMPICS
CONNECTICUT

LETR DEPARTMENT INFORMATION

Contact Name	
LETR Department	
Department ID #	

DONATION INFORMATION

Method of Payment: Cash   Check   Credit Card   Venmo   Square

Name					
Company/org					
Address					
City		**State**		**Zip**	
Phone		**Email**			
OFFICE USE ONLY:	DONOR CONSTITUENT ID #				

Event	Amount	Notes (Donor and ID#)		
Adopt-a-Mile	$			
Coin Drop	$			
Cop-on-Top	$			
General Donation	$			
Merchandise	$			
Paper Torch	$			
Runner Pledges	$			
Tip-a-Cop	$			
Other Event	$	Event Name		
		Participant Name		
		Participant ID #		
		Team Name		

TOTAL

Cash	$
Check	$
Credit Card	$
Venmo	$
Square	$
GRAND TOTAL	$

CODING

Campaign Year	
Account Number	
Fund/Dept	**# 014 – Torch Run**

LETR Representative	*SOCT Staff Verifying Deposit*	*SOCT Staff Depositor*

FUNDRAISING RECEIPT

DONOR NAME	AMOUNT	NEW	DONOR ID #	ADDITIONAL SOFT CREDIT ID #

NOTES: