



FUNDRAISING RECEIPT

Date:	Constituent ID:	Name:
Agency/Department:		
Location:	Address:	
Thank You:		

<u>Type of Fundraising</u>	<u>Amount</u>
Adopt A Mile	\$ _____
Cop on Top	\$ _____
General Donation	\$ _____
Jail n' Bail	\$ _____
Merchandise	\$ _____
Other Fundraising Event	\$ _____
Paper Torch Sales	\$ _____
Coin Drop	\$ _____
Runner Pledges	\$ _____
Tip-A-Cop	\$ _____
TOTAL AMOUNT DEPOSITED:	\$ _____

FOR OFFICE USE ONLY:

LETR Representative

SOCT Staff Verifying Deposit

SOCT Staff Depositor

Total Cash \$ _____ Total Checks \$ _____ Total Credit Card \$ _____

Total Received \$ _____