



**2017 Law Enforcement Torch Run®
Donation Remittance Form**

You must complete this form to receive department/agency credit

Department Information

Contact Name: _____ Date: _____

Department/Agency Name: _____

Street Address: _____

City: _____ Zip _____

Phone: (____) _____ Email _____

Donation Information (ENCLOSE THIS FORM WITH ALL DONATIONS TO SOSC)

Donor Checks (*made payable to Special Olympics SC*) **Amount Enclosed: \$** _____

Cashier's Check –Do not mail cash
(deduct cost of cashier's check from cash) **Amount Enclosed: \$** _____

Credit Cards (*Attach Receipts*) **Amount Enclosed: \$** _____

Cash (*Hand delivered Only*) **Amount Enclosed: \$** _____

Total Enclosed: \$ _____

Description of Donations

(If funds are from a fundraising event, please attach LETR Event Report Form):

Event Name _____

Sales: \$ _____ Donations: \$ _____

Please mail, fax (803) 772-0094, email or hand deliver completed form to:

**Special Olympics SC
Attn: LETR
109 Oak Park Dr.
Irmo, SC 29063**

For more information or questions, please call Deborah Jacobs at 803-404-5517 or e-mail DJacobs@so-sc.org