



CASH	#	TOTAL
\$100		\$
\$50		\$
\$20		\$
\$10		\$
\$5		\$
\$1		\$
0.25		\$
0.10		\$
0.05		\$
0.01		\$
other		\$
Total		\$

2021 Remittance Form

Do not hold checks more than 30 DAYS

You *must* complete this form to receive department/agency credit

Department Information

Contact Name: _____ Date: _____ / _____ / 2020

Department/Agency Name: _____

Street Address: _____

City: _____ Zip _____

Phone: (_____) _____ Email _____ @ _____

(ENCLOSE THIS FORM WITH **ALL** DONATIONS TO LETR/SOSC)

Donor Checks (*made payable to LETR or SOSC*)

(All checks are to be mailed to LETR/SOSC monthly.)

Amount Enclosed: \$ _____

Money Order or Cashier's Check –Do not mail cash
(deduct cost from cash)

Amount Enclosed: \$ _____

Credit Cards

Amount Enclosed: \$ _____

Cash (*Hand delivery **ONLY***)

Amount Enclosed: \$ _____

Total Enclosed: \$ _____

Description of Donations

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

Event Name _____

Donations Total: \$ _____ Payment Received by: _____

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

Attn: LETR/SOSC
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

You can send in as many deposits as necessary, just copy and attach a copy of this form with each.