



# 2017 SUPER Plunge Donation Tracking Form

Name : \_\_\_\_\_

Team Name : \_\_\_\_\_

PD/Company: \_\_\_\_\_

Donor's Name	Address	City	State	ZIP	Phone Number	Amount	Check(CK) or Cash(CA)	Paid v
Jack Frost	605 E. Willow St.	Normal	IL	61761	800-394-0562	\$50	CA	√
<b>Offline Subtotal</b>	\$	Return this form, with all collected donations, at your Plunge event registration. Please make all checks payable to Special Olympics Illinois.  <i>*Offline donors of \$100 or more will receive a mailed receipt from Special Olympics Illinois.</i>  <i>You may use Plunge donor receipts for cash or check donations less than \$100.</i>						
<b>Total Raised Online</b>	\$							
<b>Grand Total Raised</b>	\$							