LAW ENFORCEMENT TORCH RUN FOR SPECIAL OLYMPICS ILLINOIS

2024 MULTI-PURPOSE DONOR FORM

DONOR NAME	STREET ADDRESS	CITY	ST	ZIP	CASH CHECK or CC	DONATION CODE	DONATION AMOUNT
							$
							$
							$
							$
							$
							$
							$
							$
							$
							$
							$
							$
							$
							$
							$
							$
							$
							$
							$
							$
							$
COLLECTED BY:			**LEG TO CREDIT**			**CC Total**	**$**
DEPT./AGENCY TO BE CREDITED:					**Cash/Check Total:**		**$**
EVENT NAME:					**Grand Total:**		**$**

NOTE: *Special Olympics Illinois will send a thank you/ tax letter to each donor of $100 or more, as long as a complete address is included above*

DONATION CODES:

T = T-Shirt HT = Harley Raffle Ticket
H = Hat D = Straight Donation
P = Pin O = Other
CT = Camper Raffle Ticket

***Use additional forms as needed**

OFFICE USE ONLY:

C: SE
F: TR
A: LETR
PKG:
GC:
N:
REF:

RETURN THIS FORM WITH ALL MONEY TO:

Special Olympics Illinois
Attn:Kia Christensen
605 E. Willow St.
Normal, IL 61761