



# DEPOSIT FORM

Transit #

Account #

Relationship with Special Olympics Ontario:

Name of Community:

Region #

Person completing this form:

Home Phone:	<input type="text"/>
Business Phone:	<input type="text"/>
Home Fax:	<input type="text"/>
E-mail:	<input type="text"/>

**Instructions: See page 2**

Revenue detail:

<input type="checkbox"/>	Event
<input type="checkbox"/>	Fundraiser
<input type="checkbox"/>	Athlete fees
<input type="checkbox"/>	Other

<input type="checkbox"/>	Donation
<input type="checkbox"/>	Transportation
<input type="checkbox"/>	Sponsorship ( Corporation)
<input type="checkbox"/>	Banquet

Club:

Tax receipts required:

Donor Name:	<input type="text"/>	Cheque Date:	<input type="text"/>	Amount:	<input type="text"/>	Tax Receipt:
Address:	<input type="text"/>	Cheque #:	<input type="text"/>	Cash:	<input type="text"/>	
				Cheque:	<input type="text"/>	
Donor Name:	<input type="text"/>	Cheque Date:	<input type="text"/>	Amount:	<input type="text"/>	Tax Receipt:
Address:	<input type="text"/>	Cheque #:	<input type="text"/>	Cash:	<input type="text"/>	
				Cheque:	<input type="text"/>	
Donor Name:	<input type="text"/>	Cheque Date:	<input type="text"/>	Amount:	<input type="text"/>	Tax Receipt:
Address:	<input type="text"/>	Cheque #:	<input type="text"/>	Cash:	<input type="text"/>	
				Cheque:	<input type="text"/>	
Donor Name:	<input type="text"/>	Cheque Date:	<input type="text"/>	Amount:	<input type="text"/>	Tax Receipt:
Address:	<input type="text"/>	Cheque #:	<input type="text"/>	Cash:	<input type="text"/>	
				Cheque:	<input type="text"/>	
Donor Name:	<input type="text"/>	Cheque Date:	<input type="text"/>	Amount:	<input type="text"/>	Tax Receipt:
Address:	<input type="text"/>	Cheque #:	<input type="text"/>	Cash:	<input type="text"/>	
				Cheque:	<input type="text"/>	
Lumpsum:				Cash:	<input type="text"/>	Cheques:

Signature	<input type="text"/>	A: Cash converted	\$ -
		B: Cheques:	-
Date mailed:	<input type="text"/>	A+B: Total Deposit	\$ -

# Instructions

Please complete the following grey sections sections:

- 1 Name of person completeing this form.
- 2 Home phone number
- 3 Business phone number
- 4 Fax number
- 5 The revenue detail (Please use an "X" beside the appropriate section). If "OTHER" please explain what it is.
- 6 Club - eg, 5 Pin, Floor Hockey, Swimming, etc.
- 7 DONATIONS: *This section is used for donations only.*  
If a donation is made and the person making the donation requires a receipt, the donation section is required to be completed to insure SOO issues the receipt.
- 8 Lumpsum cash and a cheque or bundle of cheques including donations should be totaled and the amounts put here.
- 9 Please sign and date the form when you mail or deliver the form and the cheques to the SOO OAKVILLE COMMUNITY TREASURER.
- 10 NO CASH should be sent or delivered to the SOO OAKVILLE COMMUNITY TREASURER. Please convert CASH to a money order or a cheque before submitting.

**THIS FORM IS FOR THE USE OF SOO OAKVILLE ONLY`  
PLEASE MAIL OR DELIVER THIS FORM TO THE  
SOO (OAKVILLE) COMMUNITY TREASURER**