

Minnesota Law Enforcement Torch Run Deposit Form



Please complete this form to ensure your deposit gets credited to the proper agency or department.

Date: _____

Department Name (be specific): _____

Name of person making deposit: _____

Phone number: _____

T-Shirt sales: \$ _____

Hat sales: \$ _____

Donations: \$ _____

Corporate Donations: \$ _____

Other: _____ \$ _____

Total Amount Deposited: \$ _____

If donations are for a Special Event, please specify: _____

Mail or Fax Form To:

Special Olympics Minnesota
Attn: LETR T-Shirts
900 2nd Avenue South, Suite 300
Minneapolis, Minnesota 55402

Attn: Lou Ann Kelly
FAX: 612-333-8782

** Remember to make a copy of this form to send with all deposit documentation to Lou Ann Kelly **