

## Revenue Deposit Form

**\*Area/Delegation Code:**

**Submission Date:**

**\*Submitted By:**

*Check Date	*Check #	*Revenue Source	*Event	*Amount	Office Use
__/__/__		<input type="checkbox"/> Individual <input type="checkbox"/> Program Fees <input type="checkbox"/> Corporate <input type="checkbox"/> Civic Service/Schools <input type="checkbox"/> Foundations <input type="checkbox"/> Merchandise Sales			
__/__/__		<input type="checkbox"/> Individual <input type="checkbox"/> Program Fees <input type="checkbox"/> Corporate <input type="checkbox"/> Civic Service/Schools <input type="checkbox"/> Foundations <input type="checkbox"/> Merchandise Sales			
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__/__/__		<input type="checkbox"/> Individual <input type="checkbox"/> Program Fees <input type="checkbox"/> Corporate <input type="checkbox"/> Civic Service/Schools <input type="checkbox"/> Foundations <input type="checkbox"/> Merchandise Sales			

**\*Total Deposit Amount:**

\*Spaces marked with an asterisk must be completed before the check can be cut.

Please mail this report with checks to: Special Olympics Minnesota  
 Attn: Centralized Accounting  
 900 2nd Ave S, Suite 300  
 Minneapolis, MN 55402