



THANKS4GIVING



DONATION TRACKING

Please print information:

FIRST Name _____ Initial _____ LAST Name _____ Preferred Phone _____ Ext. _____
Address _____ City _____ St _____ Zip _____

Donor Name (please print)	Preferred Phone	Check / M.O. # /Cash	\$ Amount*
1 _____			
2 _____			
3 _____			
4 _____			
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9 _____			
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11 _____			
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16 _____			
17 _____			
18 _____			
19 _____			
20 _____			

Donations also accepted on-line at: www.NJCoolSchoolChallenge.org.
Make extra copies of form as needed.

Total Collected: \$ _____

CHECK OR MONEY ORDERS

(no cash or credit card via mail)

PAYABLE TO:

Special Olympics New Jersey
Attn: Thanks4Giving
1 Eunice Kennedy Shriver Way
Lawrenceville, NJ 08648

**Special
Olympics**
New Jersey



Check us out!

www.NJCoolSchoolChallenge.org
or call 609-896-8000 for more information.