



LAW ENFORCEMENT TORCH RUN POLAR PLUNGE DEPOSIT FORM

Please Print

Torch Run Zone:	Service/Agency Name:
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Person completing this form:		
Name		
Agency/Service Address		
Contact Phone Number		
City	Province	Postal Code

Select the appropriate break down below:					
	Cheque	\$		Cash (in person deposits only)	\$
	Money Order	\$			

Deposit Total \$ _____

Offline deposit Information:

List cheques/money orders included in this deposit that have NOT been added to your site as Offline Donations:	
Name of person/business	Cheque/money order amount \$

For Office Use Only					
Deposit #	Initial	AccPac	Initial	Raiser's Edge	Initial
Date	Date	Date	Date	Date	Date
Batch #	Batch #	Batch #	Batch #	Batch #	Batch #

Please retain a copy for your records.