2025 Law Enforcement Torch Run Donation Form



Use this form when turning in money to the Special Olympics Georgia office

Department:			
Coordinator/Conta	oct:		
Phone Numb	oer:		
Email Addre	ss:		
Total Amount Encl	osed:	Date:	
ID# (Official Use) _			
	nount of money raised in eac ip money that you would like		se please make note of this
General/Misc	Merchandise	Special Events	
Checks \$	\$	\$	
Cash \$	\$	\$	

Although, the state office does not maintain records based on individual performance, Torch Run officers are eligible for incentive items based on the amount of money they raise. Please maintain a copy for **your** records for use at the end of the year.

Officer Name	Department	Address (if different from Department)	Amount Raised/Donated
			\$
			\$
			\$
			\$
			\$
		Total Amount	\$