



# LAW ENFORCEMENT TORCH RUN DEPOSIT FORM

Please Print

**Important Notice:**

A separate *deposit form* must be used for each **Deposit Type** by selecting General or Trust Account.

General Account Deposit:

Trust Account Deposit (Raffles):

Torch Run Zone:

Service/Agency Name:

**Person completing this form:**

Name

Address

City

Province

Postal Code

Home Telephone

Work Telephone

Fax

Email

Select the appropriate break down below. **Please group cheques according to categories below.**

Event	\$
Gaming (e.g. Raffle)	\$
Games Revenue	\$
Adopt-A-Cop/Pledges	\$

Membership	\$
Sponsorship	\$
In-Kind	\$
Other	\$

**Deposit Total** \$ \_\_\_\_\_

**Description**

**For Office Use Only**

Deposit #	Initial	AccPac	Initial	Raiser's Edge	Initial
Date		Date		Date	
Batch #		Batch #		Batch #	

**Please retain a copy for your records.**