Samaritans Offering Support

VOLUNTEER FUNDRAISING TRACKING FORM

FIRST NAME	LAST NAME	HOME ADDRESS	CITY	STATE	ZIP	PHONE	EMAIL	PLEDGE	TYPE	COLLECTED
Volunteer Name:			**Phone #:**				**TOTAL PLEDGES**			
Full Address:							**TOTAL COLLECTED**			
Email:		**School (if applicable):**					**BALANCE REMAINING**			

The donor's name and address must be clearly printed and complete on the form above to receive a tax receipt from Samaritans Offering Support. Donors who wish to use credit cards should fill out a separate SOS Credit Card Donation Form. Checks should be made payable to: Samaritans Offering Support. Mail all of your original Fundraising Tracking Forms along with a Fundraising Revenue Submission Form PO Box 24532, Knoxville, TN 37933. Please mail all donations within 30 days of completing your fundraising event.

THANK YOU FOR YOUR GENEROSITY.
Samaritans Offering Support is a 501(c)(3) organization.
Contributions are tax deductible in accordance with IRS rules and regulations.

FUNDRAISING EVENT: _____