Contribution Remittance Form

Nonprofit Organization Name _____

Depositor's Name _____

Checks should be made or endorsed to "The Big Sweep"

Team Member	Phone/Email	Total Collected

Total Deposit $ _____

Signature of Depositor_____ Date _____

Received $ _____ Date _____ Mail _____ In Person _____ Verified _____

Volunteer Frederick * 31 West Patrick St., Suite L2 * Frederick, MD 21701 * 301-663-5214