



DEPOSIT DETAIL FORM

Walk Location _____

Date Submitted _____

Prepared By _____

Contact Number _____

REGISTRATION

Form Types	Number of Forms	# of Checks = \$ (Example: 7 = \$245)
Adult Forms:		
Child Forms:		
Volunteer Forms:		
Sponsor Forms:		
Total Number of Forms:		
Total Registrations \$		

MISC DONATIONS AND SPONSORSHIP

Description	Contributor Name	Amount
Total Donations and Sponsorships \$		
Total Deposit \$		

NON-CASH CONTRIBUTIONS

Date	Contributor/Sponsor	Item	Amount/Value

RETURN TO: TREO Foundation, 14260 W. Newberry Rd, #418, Newberry, FL 32669-2765



TREO Foundation
 14260 W. Newberry Rd, #418
 Newberry, FL 32669-2765
 866-471-2727 | info@treofoundation.org

WalkfromObesity.com

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