



Funds Transfer Form

Please complete this form if you would like to share your funds with other Plungers or Dippers

Plunger or Dipper Name: _____

Who are you giving funds to?

How much?

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Special Olympics New Hampshire

PO Box 3598 Concord, NH 03302 **Tel** 603 624 1250 **Fax** 603 624 4911
www.sonh.org **Facebook** .com/SpecialOlympicsNH **Twitter** @SONewHampshire