



OFFLINE DONATION FORM

→ **DONOR INFORMATION**

Name: _____
 First Name Last Name M.I.

Address: _____

City: _____ State _____ Zip Code: _____

Phone: _____ Email: _____

→ **GIFT INFORMATION**

Donation Amount: \$ _____

Please make checks payable to Special Olympics Florida.

My gift is attached I will fulfill by commitment by ____/____/____

Please charge my credit card:

Account Number: _____ Expiration date: _____

CCV Code: _____ Signature: _____ Date: _____

→ **PLANE PULL TEAM MEMBER INFORMATION**

Please apply my gift to: Individual Team Member Team Donation

Team Member | Team Name: _____

Special Olympics Florida
1915 Don Wickham Drive
Clermont, Florida 34711-1915

Special Olympics Florida is a 501(c)(3) charitable organization, therefore donations are deductible according to IRS guidelines.