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: _____

POLAR PLUNGE 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.