

Offline Donation Form

**Special
Olympics**
Southern California



I would like to make a donation in the amount of:

\$25 \$50 \$100 \$200 or Other: \$ _____ (Please specify amount)

In support of (Check One):

A specific participant A general donation to **Special Olympics Southern California**

Participant's First Name _____ Last Name _____

*****Participant information must be filled out in order to apply to their donation goal**

Donor Information

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ E-mail Address _____

Method of Payment:

Enclosed is my check payable to **Special Olympics Southern California**

Charge to: Visa MasterCard American Express

Acct# _____ Expires: _____

Cardholder name: _____ Security Code: _____

Signature: _____ Today's Date: _____

* Please call for card number

Thank you for your support! Federal Tax ID # 95-4538450

Please mail or fax form to:

Special Olympics Southern California

1600 Forbes Way, Suite 200, Long Beach, CA 90810

Phone: 562.502.1100

Fax: 562.502.1119