

# Offline Donation Form

**Special  
Olympics**  
Southern California



## I WOULD LIKE TO MAKE A DONATION IN THE AMOUNT OF:

\_\_\_\_\_ \$25      \_\_\_\_\_ \$50      \_\_\_\_\_ \$100      \_\_\_\_\_ \$250      \_\_\_\_\_ \$500

Other: \$ \_\_\_\_\_ (Please specify amount)

## DONOR INFORMATION

\_\_\_\_\_   
First Name

\_\_\_\_\_   
Last Name

\_\_\_\_\_   
Address

\_\_\_\_\_   
City

\_\_\_\_\_   
State

\_\_\_\_\_   
Zip

\_\_\_\_\_   
Phone Number

\_\_\_\_\_   
E-mail Address

## METHOD OF PAYMENT:

\_\_\_\_\_ Enclosed is a cash gift for **Special Olympics Southern California**

\_\_\_\_\_ 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 deliver this form to:  
Special Olympics Southern California  
1600 Forbes Way, Suite 200  
phone: 562.502.1100**