



Offline Donation Form

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 a cash gift for **Chargers vs. Vikings Unified Flag Football**

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

(NOTE: Please put "Chargers vs. Vikings Unified Flag Football" in the MEMO area)

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 this form to:

Special Olympics Southern California, Attn: Chargers vs. Vikings Unified Flag Football
1600 Forbes Way Suite 200, Long Beach CA 90810
(562) 502-1100