Plane Pull
Offline Donation Form

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

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

IN SUPPORT OF (check one):

_____ A specific participant _____ _____

Participant's First Name Last Name

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

_____ A general donation to Special Olympics Southern California

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**

(NOTE: Please put "Plane Pull" 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 or deliver this form to:
Special Olympics Southern California
Attn: Plane Pull
1600 Forbes Way, Suite 200
phone: 562.502.1100