



**Special
Olympics**
Southern California

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 Ventura County**

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 **Special Olympics Ventura County**

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

(NOTE: Please put "Virtual Solar Plunge" 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 Ventura County, Attn: Virtual Solar Plunge
4531 Market Street #F, Ventura, CA 93003**