



PLEASE COMPLETE AND MAIL:

(Please print)

First Name _____ Last Name _____

Address Line 1 _____

Address Line 2 _____

City _____ State _____ ZIP _____

Email _____ County _____

Phone _____ Home Work Cell

Total Amount Enclosed \$ _____ Check/MO # _____

No cash via mail

Credit Card Type AmEx Discover Master Card Visa

Card Holder Name _____ Credit Card Number _____

CVV Number _____ Expiration Date _____ / _____

Card Holder Signature _____

****PLEASE PROVIDE BILLING ADDRESS IF DIFFERENT FROM ABOVE****

***PLEASE CREDIT MY DONATION AS FOLLOWS:**

General Event Sponsorship

Plunger Sponsorship - Plunger's Name: _____

00994

MAKE CHECKS PAYABLE TO/MAIL TO:
SPECIAL OLYMPICS NEW JERSEY
PLUNGE at WILDWOOD
1 EUNICE KENNEDY SHRIVER WAY
LAWRENCEVILLE, NJ 08648

THANK YOU
FOR YOUR SUPPORT OF THE ATHLETES OF
SPECIAL OLYMPICS NEW JERSEY

*Donations are fully tax-deductible to the extent allowed by law.