

# Offline Donation Form



## To Donate by Mail

Print this form and mail with your check or credit card info to:  
**Special Olympics New Jersey**  
Attn: Law Enforcement Torch Run  
1 Eunice Kennedy Shriver Way  
Lawrenceville, NJ 08648

## To Donate by Telephone

Credit card donations can easily be made by calling (609) 896-8000 weekdays from 8:00 a.m. - 4:00 p.m. EST.

## Double or Triple Your Contribution via Matching Gifts

Thousands of companies match charitable contributions made by their employees so you can double or triple your support for Special Olympics athletes! Ask your employer for a Matching Gifts Form, complete and mail-in along with this donation form.

## DONOR INFORMATION

\_\_\_\_\_  
Title                      First Name                      Last Name

**E-mail Address** \_\_\_\_\_  
**(MUST PROVIDE EMAIL ADDRESS)**

Preferred Phone Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Business Name \_\_\_\_\_

Address Line 1 \_\_\_\_\_

Address Line 2 (if needed) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## PLEASE DESIGNATE MY DONATION AS FOLLOWS:

- General donation to Special Olympics New Jersey
- Donation to Law Enforcement Torch Run Area *(please circle one)*:  
01 02 03 04 05 06 07 08 09 10  
11a 11b 11c 12 13 14 15 17 18 19
- Officer's Name: \_\_\_\_\_
- Police Dept./Agency: \_\_\_\_\_
- Donation to be made IN HONOR or IN MEMORY of *(please circle one)*:  
\_\_\_\_\_
- Please send a donation recognition card (if same as address above leave blank)
- Mail to: \_\_\_\_\_  
Address \_\_\_\_\_  
City: \_\_\_\_\_ St: \_\_\_\_\_ Zip \_\_\_\_\_

## PAYMENT INFORMATION

DONATION AMOUNT \$ \_\_\_\_\_

Payment Method

- Check # \_\_\_\_\_  
Payable to Special Olympics New Jersey
- Credit Card Type  Amer. Express  
 Discover  
 Master Card  
 Visa

Card Holder Name \_\_\_\_\_

Credit Card Number \_\_\_\_\_

CVV Number \_\_\_\_\_ (on back, except AmEx # on front)

Credit Card Expiration \_\_\_\_\_ / \_\_\_\_\_

**Card Holder Signature** \_\_\_\_\_

Today's Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Billing Address (if different from donor address)  
Name: \_\_\_\_\_

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

