

# Guardian Bowl 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 "Guardian Bowl" 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: Guardian Bowl  
1600 Forbes Way, Suite 200, Long Beach CA 90810  
Phone: 562.502.1100