



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 ACCORDINGLY:

PLUNGER NAME: _____

TEAM NAME: _____

00994

MAKE CHECKS PAYABLE TO/MAIL TO:
SPECIAL OLYMPICS NEW JERSEY
PLUNGE at SEASIDE
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.

All proceeds support Special Olympics New Jersey, a non-profit organization that provides free year-round sports training and athletic competition in 24 Olympic-type sports for more than 26,000 children and adults with intellectual disabilities.