THANKS4GIVING

LAW ENFORCEMENT TORCH RUN® FOR SPECIAL OLYMPICS NEW JERSEY

COOL SCHOOL CHALLENGE DONATION FORM

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

❑ Participant Sponsorship - Participant's Name: _____

MAKE CHECKS PAYABLE TO/MAIL TO:
SPECIAL OLYMPICS NEW JERSEY
THANKS4GIVING
1 EUNICE KENNEDY SHRIVER WAY
LAWRENCEVILLE, NJ 08648

Special Olympics New Jersey

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 25,000 children and adults with intellectual disabilities.

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