



Sponsorship 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 ____ (check one)
Total Amount Enclosed \$ _____ Check/MO # _____

No cash via mail, money orders accepted

Credit Card Type:

- Am Ex 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: _____

MAKE CHECKS PAYABLE TO/MAIL TO:

Special Olympics North Carolina
TRIAD CHILL
2200 Gateway Centre Blvd., Ste. 201
Morrisville, NC 27560

**THANK YOU
FOR SUPPORT OF THE ATHLETES OF
SPECIAL OLYMPICS NORTH CAROLINA**

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