



Pledge Form

Mission Statement:

To provide year-round sports training and athletic competition in a variety of Olympic-type sports for children and adults with intellectual disabilities, giving them continuing opportunities to develop physical fitness, demonstrate courage, experience joy and participate in a sharing of gifts, skills and friendship with their families, other Special Olympics athletes and the community.

Donor Information (please print or type)

Name	
Billing address	
City, State, ZIP Code	
Telephone (home)	
Telephone (business)	
Fax	
E-Mail	

Pledge Information

I (we) pledge a total of \$_____ to be paid: ___ now ___ monthly ___ quarterly ___ yearly.

I (we) plan to make this contribution in the form of: ___ cash ___ check ___ other.

Gift will be matched by _____ (company/family/foundation).
___ form enclosed ___ form will be forwarded

Acknowledgement Information

Please use the following name(s) in all acknowledgements:

This donation/pledge is made in honor of:

___ I (we) wish to have our gift remain anonymous.

Signature(s)
Date

Please make checks, corporate matches, or other gifts payable to:

Special Olympics Florida – Leon County
2750 Mission Road - Portable 99310-D
Tallahassee, FL 32304



Thank you for your support of Special Olympics Leon County

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