



# 2025 Polar Plunge Offline Donation Form

**Name :** \_\_\_\_\_

**Team Name :** \_\_\_\_\_

**Special Olympics Illinois Region:** \_\_\_\_\_

**Plunge Location :** \_\_\_\_\_

Donor's Name	Address	City	State	ZIP	Phone Number	Amount	Check(CK) or Cash(CA)	Paid v
Jack Frost	605 E. Willow St.	Normal	IL	61761	800-394-0562	\$50	CA	√
<b>Cash Subtotal:</b>	<b>\$</b>	Return this form, & all offline donations to: your Local Plunge Director or mail to: Special Olympics IL; 605 East Willow, Normal, IL 61761 Please make all checks payable to Special Olympics Illinois. Do Not Mail Cash.  <i>*Offline donors of \$100 or more with complete contact information above will receive a mailed receipt from Special Olympics Illinois.</i>  You may use Plunge donor receipts for cash or check donations less than \$100.						
<b>Check Subtotal:</b>	<b>\$</b>							
<b>Offline Grand Total:</b>	<b>\$</b>							

Special Olympics IL Use Only	
<b>If Offline Donation was recieved- Date Entered into Classy:</b>	
<b>Date Mailed to Headquarters</b>	