



2023 Polar Plunge Donation Submission Form

Name : _____

Team Name : _____

Special Olympics 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	√
Cash Subtotal:	\$	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. *Offline donors of \$100 or more with complete contact information above will receive a mailed receipt from Special Olympics Illinois. You may use Plunge donor receipts for cash or check donations less than \$100.						
Check Subtotal:	\$							
Offline Grand Total:	\$							

Special Olympics IL Use Only	
DD Constituent ID:	
If Offline Participant - Date Entered onto Donor Drive:	
Date Mailed to Headquarters	