



Northland 300 "Bill Me" Form for Donations to benefit...

(for donations of \$25 or more)

(May not be used for purchase of raffle tickets)



Special Olympics
Minnesota

NORTHLAND 300 PARTICIPANT NAME _____ **PHONE**(_____)

DONOR NAME (INDIVIDUAL OR COMPANY)	DONOR ADDRESS, CITY, STATE, ZIP CODE	DONOR CONTACT NAME & PHONE NUMBER	DONATION \$ AMOUNT TO BE BILLED
TOTALS:			



CREDIT CARD DONATION FORM



Name _____

Address: _____

City _____ State _____ Zip Code _____ Phone (_____)

CREDIT CARD: VISA MC AE DISCOVER Donation Amount \$ _____ Today's Date _____

CARD # _____ - _____ - _____ Exp. Date _____ / _____

Signature _____

***NOTE: CREDIT CARD DONATIONS MAY NOT T BE USED TO PURCHASE RAFFLE TICKETS**

Northland 300 Participant Name _____ Phone (_____)

COMPLETE THIS FORM AND MAIL OR FAX TO KATHY KARKULA WITHIN 7 DAYS OF TODAY'S DATE (ABOVE)
MAIL: Kathy Karkula, Special Olympics Minnesota, 100 Washington Ave S, Suite 550, Minneapolis, MN 55401
FAX: 612-333-8782 Attn: Kathy Karkula