



## ***Without Limits Team Galaxy Donation Form***

One-Time Donation

Recurring

\$25

\$50

\$100

\$250

\$500

\$1000

Other Amount \$ \_\_\_\_\_

### Designation of Funds Donated

Without Limits Team Galaxy General Fund

Special Olympics Sports Fund

SO Cheer Fund

Without Limits Performing Arts Fund

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

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip: \_\_\_\_\_

Is this Donation in Honor/Memory of Someone?

Yes: Name: \_\_\_\_\_

No

Signature of Person Making Donation: \_\_\_\_\_

Without Limits Representative Signature: \_\_\_\_\_