

2025 SNOW BOWL OFFLINE DONATION FORM

PLEASE COMPLETE AND MAIL WITH CHECK/MONEY ORDER:

First Name:	Last Name: _	
Email:		
Address Line 1:		
Address Line 2:		
City:		
State:	ZIP:	
Home Phone:	Cell:	Work:
Amount \$:	Check/Money Order #	:
		Make payable to Special Olympics New Jersey
Please credit my donation as follo	ows:	
General event donation - Sr	now Bowl	
Player or Team Donation		

Mail to: **SNOW BOWL**

Special Olympics New Jersey 1 Eunice Kennedy Shriver Way Lawrenceville, NJ 08648

*Donations are fully tax-deductible to the extent allowed by law.