



Best Buddies Challenge Offline Donation Form

Please complete and print this form. You may return it to the individual you are supporting or mail your completed form and donation to the address below.

Best Buddies Challenges
100 SE Second Street, Suite 2200
Miami, FL 33131
Attn: Alan Sakell

REQUIRED: Please circle the Challenge you are supporting:

Hyannis Port

Miami

New York

I am supporting _____'s fundraising efforts for Best Buddies by donating
(Participant/Team Name)

\$_____ towards their fundraising goal.

_____ Check enclosed: _____ Check Number (Please make checks payable to "Best Buddies")

_____ Please charge my Visa/MasterCard/Amex/Discover

Please print clearly

Card Number: _____
Card Type: _____
Expiration Date: _____
CVV Code: _____
Cardholder Name: _____
Cardholder Signature: _____

Donor Information

Full Name: _____
Address: _____
City, State, Zip: _____
Phone: _____
Email: _____
(required if a donation receipt is desired)

Funds raised through the *Best Buddies Challenges* benefit Best Buddies International (a 501(c)(3) non-profit organization Tax ID: 52-1614576) the world's largest organization dedicated to ending the social, physical and economic isolation of the 200 million people with intellectual and developmental disabilities (IDD).