



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 Challenge
c/o Alan Sakell
2 Seaport Lane, Suite 300
Boston, MA 02210-2028

REQUIRED: Please circle the Challenge you are supporting:

Hyannis Port

Hearst Castle

Miami

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.

Donor Information

Card Number: _____

Card Type: _____

Expiration Date: _____

Cardholder Name: _____

Cardholder Signature: _____

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). Our programs empower the special abilities of people with IDD by helping them form meaningful friendships with their peers, secure successful jobs, live independently, improve public speaking, self-advocacy and communication skills, and feel valued by society.