

Name of Donor	Amount Donating: \$
Billing Address:	
Phone:	Date:
Person Receiving Donation:	
	Special Olympics Georgia
Name of Donor	Amount Donating: \$
Name of Donor	Amount Donating. \$
Billing Address:	
Phone:	Date:
Person Receiving Donation:	
	AF TIME
	Special Olympics <i>Georgia</i>
Name of Donor	Amount Donating: \$
Billing Address:	
Phone:	Date:
Person Receiving Donation:	