POLAR PLUNGE®
Special Olympics Wisconsin

# Support me in taking the Polar Plunge!

Plunger Name:_____ Team Name:_____

Home Address:_____ Phone:_____

Email:_____T-Shirt Size:_____

## DOUBLE your DONATIONS

by asking donors if their company offers Employee Gift Matching. Turn in a Matching Gift form and receive a **FREE Polar Plunge Stadium Blanket!**

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| **Total Donations** | |

*Checks can be made payable to Special Olympics Wisconsin