

# Credit Card Guarantee Form



In order to ensure my participation in Over the Edge for Special Olympics Delaware, I hereby agree to allow Special Olympics Delaware to charge my credit card listed below for the amount equal to the difference of what I will raise and the \$1,100 minimum requirement.

I understand a 14-day grace period will exist to account for any donations I receive post event. We will reach out to you on Thursday, May 23, 2024 to ensure that there are no more incoming funds before charging your card.

Name as it appears on card: _____		
Card #: _____	Exp. Date: ____ / ____	
	Security Code: _____	
Billing Address: _____		
City: _____	State: _____	Zip: _____
Email: _____	Phone: _____	
Signature: _____	Date: _____	

***NOTE: This form must be received by Monday, May 6, 2024 at 12:00pm in order to secure and schedule your rappel time.***

Scan and e-mail the form to [corinne.plummer@sode.org](mailto:corinne.plummer@sode.org)  
or fax form to 302-831-3483

For questions, please reach out to Corinne Plummer at  
[corinne.plummer@sode.org](mailto:corinne.plummer@sode.org) or 302-831-4796