

MAIL-IN DONATION FORM

Thank you for considering a donation to Special Olympics. Your gift is a meaningful way to make a positive impact in the lives of people with intellectual disabilities.

GIFT INFORMATION

Donation Amount (US\$):							
NameAddress							
Country							
(OPTIONAL) Please provide Phone Number				ach you, if nec	essary, wi	th questions re	egarding your donation
☐ My donation is enclosed	•		• •	•			
☐ Please charge my: ☐	Master Card	VISA	MERICAN D	in the	amount o	f \$	
Credit Card Number				CVV Code		Expiration Date	
Name on Card							
This gift is: ☐ in honor of Please complete the follow Recipient Name	ing if you w	ould like an	acknowle	dgement card	sent to the		amily:
Address						State	ZIP Code
Your Personal Message							
TELL US ABOUT YOURSE	LF (OPTIO	NAL)					
Please check all that apply	to vou						
☐ I know someone who ha	-	ctual disabili	ty or a clo	sely related de	velopmen	tal disability.	
☐ I have coached for Speci							
☐ I have volunteered for S☐ Please send me a free gu	-	=	v octato al	an			
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Special Olympics is exempt under Section 501(c)(3) of the IRS and this gift is tax deductible.

QUESTIONS?

Contact Donor Services 1 (800) 380-3071 8:30 a.m. - 5 p.m. EST

Email: donorservices@specialolympics.org

MAIL TO (see below):

Special Olympics Attn: Web Gifts 2600 Virginia Ave NW, 11th Floor Washington, DC 20037