

OFFLINE DONATION FORM

Special Olympics
Connecticut



DONOR INFORMATION

First Name			Last Name		
Company / Org					
Address					
City			State		Zip
Phone			Email		
OFFICE USE ONLY:			Donor Constituent ID #		

I want to make an offline donation in the amount of

\$25
 \$50
 \$100
 \$150
 \$200
 Other \$ _____

METHOD OF PAYMENT

Enclosed is my check made payable to **Special Olympics Connecticut**

Please charge my credit card
 Visa
 MC
 Amex
 Disc

Account			Exp	
Cardholder Name			CCV	
Signature			Date	

THIS DONATION IS IN SUPPORT OF:

The following information must be filled out in order to apply to individual or team fundraising goals

Event Name		OFFICE USE ONLY	CONSTITUENT ID #S
Participant Name		Participant ID#	
Team Name		Team ID #	
Additional Soft Credit		Additional ID #s:	
Notes			

Please consider this a general donation to Special Olympics Connecticut

FOR OFFICE USE ONLY

Cash Collected

Campaign Year

Account Number **Dept/Fund**

Please mail form to:

Special Olympics Connecticut - Attn: Special Events
2666 State St, Ste 1, Hamden CT 06517

Thank you for your support! Federal Tax ID # 23-7099756