# MAIL-IN DONATION FORM

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

## GIFT INFORMATION

**Donation Amount (US$):** ☐ **$1,000** ☐ **$500** ☐ **$250** ☐ **$100** ☐ **$50** ☐ **Other $**_____

Name_____ (OPTIONAL) Business Name_____

Address_____ City_____ State ZIP Code_____

Country_____ Email Address_____ @_____

(OPTIONAL) Please provide your phone number so we can reach you, if necessary, with questions regarding your donation.

Phone Number_____-_____-_____

☐ **My donation is enclosed. (Please make checks payable to Special Olympics Connecticut)**

☐ **Please charge my:** ☐ MasterCard ☐ VISA ☐ American Express ☐ Discover **in the amount of $**_____

Credit Card Number_____ CSC Code_____ Expiration Date_____

Name on Card_____ Signature_____

## HONOR OR MEMORIAL GIFT INFORMATION (OPTIONAL)

**This gift is:** ☐ **in honor of** ☐ **in memory of** _____

Please complete the following if you would like an acknowledgement card sent to the honoree or family:

Recipient Name _____

Address _____ City _____ State ZIP Code_____

## TELL US ABOUT YOURSELF (OPTIONAL)

**Please check all that apply to you**

☐ I have coached for Special Olympics.

☐ I have volunteered for Special Olympics.

☐ Please send me a free guide to help organize my estate plan.

**Special Olympics is exempt under Section 501(c)(3) of the IRS and this gift is tax deductible.**

**QUESTIONS?**
**Contact us at 203-230-1201 or**
**specialolympicsct@soct.org**

**MAIL TO:**
Attn: Giving Department
Special Olympics Connecticut
2666 State Street, Suite #1
Hamden, CT 06517-2232