

Offline Donation Form

Special Olympics
Connecticut



IN SUPPORT OF:

Event Name: _____

Participant Info *(Participant information must be filled out in order to apply to their donation goal)*

First Name: _____ Last Name: _____

Team: _____

Please consider this a general donation to Special Olympics Connecticut

DONOR INFORMATION:

First Name: _____ Last Name: _____

Company/Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

DONATION AMOUNT:

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

METHOD OF PAYMENT:

Enclosed is my check Enclosed is my cash

Charge to: Visa MasterCard American Express

Account #: _____ Expiration: _____

Name _____ Sec Code: _____

Signature: _____ Date: _____

Please call for card number

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

Please Mail for Fax form to:
Special Olympics Connecticut - Attn: Special Events
2666 State St, Ste 1, Hamden CT 06517
Fax: (203) 230-1202