

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 _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

I want to make an offline donation in the amount of

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

Method of Payment:

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

Charge to: Visa MasterCard American Express

Account #: _____ Expiration: _____

Cardholder name: _____ Security Code: _____

Signature: _____ Today's Date: _____

* Please call for card number

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

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