



Special Olympics

MAIL-IN DONATION FORM

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

GIFT INFORMATION

Donation Amount (US\$): ☐\$50 ☐\$100 ☐\$250 ☐\$500 ☐\$1,000 ☐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)

☐Please charge my: ☐ ☐ ☐ ☐ 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_____

Your Personal Message_____

TELL US ABOUT YOURSELF (OPTIONAL)

Please check all that apply to you

☐I know someone who has an intellectual disability or a closely related developmental disability.

☐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 Donor Services

(202) 824-0373

8:30 a.m. - 5 p.m. EST

Email: donorservices@specialolympics.org

MAIL TO:

Special Olympics Illinois

605 E. Willow Street

Normal, IL 61761