

MAIL-IN DONATION FORM

Thank you for considering a donation to Special Olympics Washington, DC. 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) Bu	usiness Name		
Address	City		State	ZIP Code
Country	Email Address			@
(OPTIONAL) Please provide your phone number so we of Phone Number		necessary, with	questions rega	arding your donation.
☐My donation is enclosed. (Please make checks paya		mpics)		
□Please charge my: □ V/SA □ □ V/SA	DISCOVER	n the amount o	of \$	
Credit Card Number	CS	C Code	Expiration [Date
Name on Card	Sig	gnature		
This gift is: □in honor of □in memory of Please complete the following if you would like an acknowledge Recipient Name	owledgement ca	rd sent to the h		ily:
Address			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 ☐I have coached for Special Olympics. ☐I have volunteered for Special Olympics. ☐Please send me a free guide to help organize my estated.	·	developmental	disability.	
Special Olympics is exempt under Section 501(c)(3) of	the IRS and this g	gift is tax deduc	tible.	

QUESTIONS?

Contact Donor Services 1-800-380-3071 8:30 a.m. - 5 p.m. EST

Email: donorservices@specialolympics.org

MAIL TO:

Special Olympics Washington, DC 900 2nd Street, NE, Suite 200 Washington, DC 20002