



## 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\$):  \$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

1 (800) 380-3071

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

Email: [donorservices@specialolympics.org](mailto:donorservices@specialolympics.org)

#### MAIL TO:

Special Olympics Connecticut

2666 State Street, Suite #1

Hamden, CT 06517-2232