



## MAIL-IN DONATION FORM

Thank you for consideration a donation to Special Olympics. 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 Oklahoma  
6835 South Canton Avenue  
Tulsa, OK 74136-3433