

MAIL-IN DONATION FORM

Thank you for considering a donation to Special Olympics Indiana. 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 □\$10	00 □\$250	□\$500	□\$1,000	□Other \$_	
Name	(OF	(OPTIONAL) Business Name			
Address	City	City		State	ZIP Code
Country		Email Address			@
(OPTIONAL) Please provide your phone numb Phone Number		ach you, if ne	ecessary, with	questions rega	rding your donation.
☐ My donation is enclosed. (Please make che ☐ Please charge my: ☐ Wisa-☐ ☐ VISA ☐ VIS				of ¢	
Credit Card Number					 Pate
Name on Card					
This gift is: □in honor of □in memory of Please complete the following if you would like	ke an acknowled	lgement card	sent to the h	onoree or fam	ily:
Recipient Name					
Address Your Personal Message					
TELL US ABOUT YOURSELF (OPTIONAL)					
Please check all that apply to you					
☐I know someone who has an intellectual dis☐I have coached for Special Olympics.☐I have volunteered for Special Olympics.☐Please send me a free guide to help organize	·	•	evelopmental	disability.	
Special Olympics is exempt under Section 50	1(c)(3) of the IR	S and this gi	ft is tax deduc	ctible.	

QUESTIONS?

Contact Donor Services (202) 824-0373 8:30 a.m. - 5 p.m. EST

Email: donorservices@specialolympics.org

MAIL TO:

Special Olympics Indiana 6200 Technology Center Drive Suite 105 Indianapolis, IN 46278