

## **Donation Form**

Over four decades, Special Olympics has revolutionized the world's perceptions of those with intellectual disabilities by embracing the belief that these individuals should be respected, valued and contributing members of society. Through our year-round sports programs for athletes with intellectual disabilities, Special Olympics Indiana plays a critical role in this ongoing vision.

As a contributor, you are the springboard for that vision. Your financial support enables us to grow while continuing to provide outstanding opportunities in over 25 sports and recreation competitions and activities for nearly 11,000 Special Olympics athletes throughout the state. Special Olympics Indiana receives no federal or state appropriations, relying entirely on corporate, civic and individual donations.

To make a contribution, please complete this form and return it with your tax-deductible donation to:

Special Olympics Indiana 6100 West 96th Street, Suite 270 Indianapolis, IN 46278 Fax: (317) 328-2018 Toll Free: (800) 742-0612

## We value your interest and thank you for your support!

Name:	Address:			
City:	_ State:		Zip:	
Phone:	E-mail address:			
Please make checks payable to: Special	l Olympics In	diana		
Enclosed is my tax-deductible donation of \$		Check#		
Or if you would like to use a credit card (ple	ease circle)	Visa	MasterCard	
		Ameri	can Express	Discover
Acct.#		Ехр		
Signature				
Is this a Memorial/Honorary contribution? If	f yes, please l	ist the p	erson or entity	you wish to
memorialize or honor				
*If you would like to contribute with a match	ning gift from y	our em	ployer please c	describe here:
Please send me more information about:	□ Athlete In	volvem	ent □ Volun	teering
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