MAIL-IN DONATION FORM

Thank you for considering a donation to Special Olympics Pennsylvania. Your gift is a meaningful way to make a positive impact in the lives of people with intellectual disabilities.



GIFT INFORMATION

Donation Amount (US\$	-			\$1,000 □ Ot	her	
Address						
Country	(OPTIONAL) Business Name					
City						
Email Address		_@	_ Phone Numb	er		
(OPTIONAL) Please provide	your phone number	so we can reach	you, if necessary,	with questions re	garding your donation.	
☐ My donation is encl	osed. (Please ma	ke checks pa	ayable to Spec	cial Olympics	Pennsylvania)	
□ Please charge my: [Credit Card Number						
Name on Card						
CSC Code Expi						
Signature						
HONOR OR MEMOR This gift is: in honor Please complete the foll Recipient Name	of In memory owing if you woul	ofd like an ackr	nowledgement	card sent to tl	he honoree or family:	
Address					ZIP Code	
Your Personal Message						
TELL US ABOUT YO Please check all that a ☐ I know someone who ☐ I have coached for Sp	pply to you has an intellectu pecial Olympics.	al disability o	r a closely relat	ted developme	ental disability.	
☐ I have volunteered fo						
☐ Please send me a fre	e guide to help or	ganize my est	ate plan.			
		Overtio	ma?			

Questions?

Call Kera Hamilton, Database Manager/Development Coordinator at (800) 235-9058 ext. 230 M-F 9:00 a.m. - 5:00 p.m. EST. OR email at khamilton@specialolympicspa.org.

MAIL COMPLETED FORM AND DONATION TO:

Special Olympics Pennsylvania 2570 Blvd of the Generals, Ste 124 Norristown, PA 19403

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