

MAIL IN DONATION FORM

Thank you for your gift! Your donation provides year-round sports training and athletic competition in a variety of Olympic-type sports for children and adults with cognitive disabilities, giving them continuing opportunities to develop physical fitness, demonstrate courage, experience joy and participate in the sharing of gifts, skills and friendship with their families, other Special Olympics athletes and the community.

GIFT INFORMATION

Donation Amount (US\$): \$25 \$50 \$100 \$150 \$250 \$500 Other \$ _____

This gift is in memory of: _____

This gift is in honor of: _____

This gift is a fundraising event pledge for: _____
Event: _____

Other: _____

DONOR INFORMATION

Donor(s) Name: _____

Business Name (optional): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

My donation is enclosed. (Please make checks payable to Special Olympics Wisconsin).

Please charge my     in the amount of\$ _____

Credit Card Number: _____ CSC Code: _____ Expiration Date: _____

Name on Card: _____ Signature: _____

Please notify the following person(s) of my donation:

Name: _____

Address: _____

City, State, Zip: _____

QUESTIONS?

Contact: Info@specialolympicswisconsin.org
Or call 800.552.1324

MAIL TO:

Special Olympics Wisconsin
ATTN: Web Gifts
2310 Crossroads Drive, Suite 1000
Madison, WI 53718

Special Olympics Wisconsin