

2310 Crossroads Drive, Suite 1000

Madison, WI 53718

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 intellectual 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: _____ Zip Code: ____ Phone:_____ Email:____ My donation is enclosed. (Please make checks payable to Special Olympics Wisconsin.) ☐ Special Olympics Wisconsin is included in my/our estate plans. Please send me/us information on including Special Olympics Wisconsin in my/our estate. ☐ I/we would like information on making a gift of stock. Please charge my Credit Card Number: CSC Code: Expiration Date: Signature:_____ Name on Card: Please notify the following person(s) of my donation: Name: Address: City, State, Zip: QUESTIONS? MAIL TO: Contact: Info@specialolympicswisconsin.org Special Olympics Wisconsin Or call 800.552.1324 ATTN: Web Gifts

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