

MAIL IN DONATION FORM

Thank you for your gift! Your support provides more than year-round sports training and athletic competition in a variety of Olympic-type sports. Together, we can provide individuals with intellectual disabilities health and fitness improvement, leadership, and training opportunities in addition to experiencing joy and participating in the sharing of gifts, skills and friendship with their families, other Special Olympics athletes, and the community.

GIFT INFORMATION			
Donation Amount (US\$): □\$50 □\$100	□\$250 □\$500 □\$1,0	00 🗌 Other \$	
Donor(s) Name:	Business Name (c	optional):	
Address:			
City:		State:	Zip Code:
Phone:	Email:		
Recognition:			
HONOR OR MEMORIAL INFORMATI	ION (OPTIONAL)		
This gift is: 🗌 in Honor of 🔲 in Memory	y of:		
Please complete the following if you would li Recipient Name:	_	d sent to the honore	e or family:
Address:	City:	State:	Zip Code:
Your Personal Message:			
PAYMENT INFORMATION My donation is enclosed. (Please make of	checks pavable to Special O		
 □ Credit Card Payment (Please contact Th 608-442-5664 between the hours of 8 • Accepted Credit Card Types (Visa • Please provide the Credit Card No □ I would like to Pay with Gift of Stock or Special Olympics Wisconsin will provide the Credit Card No 	8:00 a.m. and 3:00 p.m. CST of a MasterCard, Discover, Ame umber, CSC Code, Expiration IRA selection.	on Monday-Thursday. erican Express) n Date, and Name on G	
CORPORATE GIFT MATCH INFORMA	ATION (OPTIONAL)		
☐ My gift will be matched by:			
Corporate Gift Match Contact Name:			
Phone:	Email:		
TELL US ABOUT YOURSELF (OPTIO	NAL)		
I/We know someone who has an intellectureI/We have coached for Special Olympics.Special Olympics Wisconsin is included in rPlease send me/us information on includir	$\ \ \square$ I/We have volumy/our estate plans.	unteered for Special C	
QUESTIONS?	MAILIN	G ADDRESS	
Contact: Info@specialolympicswisconsin.org Or call 800.552.1324		Dlympics Wisconsin nald Reagan Ave.	

Madison, WI 53704