

MAIL-IN DONATION FORM

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

GIFT INFORMATION

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Donation Amount (US\$): ☐ \$50 ☐ \$100 Name			
Address			
Country			
(OPTIONAL) Please provide your phone number so Phone Number	-	r, with questions reg	garding your donation.
☐ My donation is enclosed. (Please make checks	payable to Special Olympics)		
☐ Please charge my: ☐ MasterCard ☐ VISA ☐	DISCOVER in the amou	nt of \$	
Credit Card Number	CSC Code_	Expiration [Date
Name on Card			
This gift is: ☐ in honor of ☐ in memory of Please complete the following if you would like an Recipient Name	acknowledgement card sent to		
Address		State	ZIP Code
Your Personal Message			
TELL US ABOUT YOURSELF (OPTIONAL)			
Please check all that apply to you			
☐ I know someone who has an intellectual disabili	ty or a closely related develop	mental disability.	
☐ I have coached for Special Olympics.☐ I have volunteered for Special Olympics.			
☐ Please send me a free guide to help organize my	estate plan.		
Special Olympics is exempt under Section 501(c)(3	•	deductible	
Shecial Orkithics is exempt miner Section 201(c)(3	of or the ins and this gift is tax	deddclibie.	

QUESTIONS?

Contact Donor Services 1 (800) 380-3071 8:30 a.m. - 5 p.m. EST

Email: donorservices@specialolympics.org

MAIL TO:

Special Olympics Texas 1804 Rutherford Lane Austin, TX 78754