

MAIL-IN DONATION FORM

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

GIFT INFORMATION

Donation Amount (US\$): ☐ \$50 ☐ \$100 ☐ \$	\$250 □ \$500 □ \$1.00	0 □ Other \$
Name		
Address		
Country		
(OPTIONAL) Please provide your phone number so we ca	n reach you, if necessary, wit	h questions regarding your donation.
☐ My donation is enclosed. (Please make checks payab		
☐ Please charge my: ☐ MasterCard ☐ V/SA ☐	in the amount of	f\$
Credit Card Number	CSC Code	Expiration Date
Name on Card	Signature	
This gift is: ☐ in honor of ☐ in memory of	wledgement card sent to the	honoree or family:
Address	City	State ZIP Code
TELL US ABOUT YOURSELF (OPTIONAL)		
Please check all that apply to you		
 □ I know someone who has an intellectual disability or a □ I have coached for Special Olympics Virginia. □ I have volunteered for Special Olympics Virginia. □ Please send me a free guide to help organize my estat 		al disability.
- I lease send the a free gaine to help organize my estat	.c pian.	

Special Olympics Virginia is exempt under Section 501(c)(3) of the IRS and this gift is tax deductible.

QUESTIONS?

Contact Us By Phone 804.346.5544 8:30 a.m. - 5 p.m. EST

Email: info@specialolympicsva.org

MAIL TO:

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