



# 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  \$1,000  Other \$ \_\_\_\_\_

Name \_\_\_\_\_ (OPTIONAL) Business Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Country \_\_\_\_\_ Email Address \_\_\_\_\_ @ \_\_\_\_\_

(OPTIONAL) Please provide your phone number so we can reach you, if necessary, with questions regarding your donation.

Phone Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

Please charge my:         in the amount of \$ \_\_\_\_\_

Credit Card Number \_\_\_\_\_ CSC Code \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

## HONOR OR MEMORIAL GIFT INFORMATION (OPTIONAL)

This gift is:  in honor of  in memory of \_\_\_\_\_

Please complete the following if you would like an acknowledgement card sent to the honoree or family:

Recipient Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ 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 disability or a closely related developmental disability.
- I have coached for Special Olympics Virginia.
- I have volunteered for Special Olympics Virginia.
- Please send me a free guide to help organize my estate plan.

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

### QUESTIONS?

Contact Us by Phone

1-540-479-6918

8:30 a.m. - 5 p.m. EST

Email: [info@sovarapparea17.org](mailto:info@sovarapparea17.org)

### MAIL TO:

Special Olympics Virginia

Attn: Area 17

PO Box 1996

Culpeper, VA 22701