



MAIL-IN DONATION FORM

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

Donor Information (please print or type)

Name	
Billing address	
City	
State	
ZIP Code	
E-Mail	

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

- My Donation is Enclosed. (Please make checks payable to Special Olympics Kansas.)
- Please charge my credit card:

Amount	
Credit card type	
Credit card number	
Expiration date	
Authorized signature	

My Gift will be matched by _____ (company/family/foundation),
 _____ form enclosed _____ form will be returned by company.

Honor, Memorial or Event Pledge. Please check the box that applies:

- in memory of _____
- in honor of _____
- for the general program
- please use for _____

Please fill out the following if you would like a separate acknowledgement sent to the individual, or family of the individual, named above.

Name	
Address	
City/State/Zip	

_____ I (we) wish to have our gift remain anonymous.

Please complete the form and mail with check or credit card information to:

Special Olympics Kansas
 5280 Foxridge Drive, Mission, KS 66202

Special Olympics Kansas does not share individual's email, phone or mailing information.