

# Offline Donation Form



In support of :

Event Name: \_\_\_\_\_

Participant Info *(Participant information must be filled out in order to apply to their donation goal)*

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Team \_\_\_\_\_

Please consider this a general donation to Special Olympics Connecticut

## Donor Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

I want to make an offline donation in the amount of

\$25     \$50     \$100     \$150     \$200     Other \$ \_\_\_\_\_

### Method of Payment:

Enclosed is my check payable to **Special Olympics Connecticut**

Charge to:     Visa     MasterCard     American Express

Account #: \_\_\_\_\_ Expiration: \_\_\_\_\_

Cardholder name: \_\_\_\_\_ Security Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

\*  Please call for card number

**Thank you for your support! Federal Tax ID # 23-7099756**

**Please Mail for Fax form to:**

Special Olympics Connecticut - Attn: Special Events

2666 State St, Ste 1, Hamden CT 06517

Fax: (203) 230-1202