

### MAIL-IN DONATION FORM

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

#### A. GIFT INFORMATION

Donation Amount (US\$): \$50\$100	)\$250\$500	\$1,000	Other \$					
Name	(Optional) Busine	ss 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 Numb	oer	_						

## □ My donation is enclosed. (Please make checks payable to Special Olympics Rhode Island

Please charge my: in the amount of \$	MasterCard	VISA Credit Card Number	AMERICAN
CSC Code	Expiration Date	Name on Card	
Signature			

#### B. HONOR OR MEMORIAL GIFT INFORMATION (OPTIONAL)

This gift is:	in honor of	in memory of		
Please complete	te the following if y	ou would like an acknowledgement c	ard sent to the hor	oree or family:
<b>Recipient Nam</b>	e			
Address		City	State	Zip Code
Your Personal	Message			

# C. 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 Rhode Island.
- □ I have volunteered for Special Olympics Rhode Island.
- □ Please send me a free guide to help organize my estate plan.

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

**QUESTIONS:** 

Contact: Dennis DeJesus, CEO (401) 349-4900 Email: <u>dennis@specialolympicsri.org</u> MAIL TO:

Special Olympics Rhode Island Attn: Donation Gifts 370 George Washington Highway Smithfield, RI 02917