

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	0	Other \$	
Name				(Ор	tional) Busines	s Name			
Address			City	City			ate	eZip Code		
Country			Email Ac	Email Address						
(Optio	nal) Please provide yo	ur phone	numbers	so we can	each	you, if ne	cessary, v	with que:	stions	
regard	ling your donation.	Phon	e Numbe	r						
	My donation is encl	osed. (Ple	ease mak	e checks p	ayabl	e to Spec	ial Olymp	ics Rhod	e Island	
			MasterCard		VISA	4	AME	RICAN		
	Please charge my:							PRESS		
	in the amount of \$_	the amount of \$ Credit Card Number								
			Expiration Date Name on Card							
	Signature									
В.	HONOR OR MEMOR	RIAL GIFT	INFORM	ATION (OP	TION	AL)				
This	gift is:	ir	, ha	nor	o t		in	memor	y of	
11115	•								f you would like	
an	acknowledgement								y: Recipient	
-							· •		y. Recipient	
Addre	SS			(ity			State	Zip Code	
	Personal Message									
	<u> </u>									
C.	TELL US ABOUT YOU	JRSELF (C	PTIONAL	.)						
Please	check all that apply t	-								
	I know someone wh					closely re	lated dev	elopmer	ntal disability.	
	I have coached for S	pecial Oly	mpics Rh	ode Island						
	I have volunteered f	•								

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

QUESTIONS:

Contact: Edwin R. Pacheco, President & CEO

(401) 349-4900

Email: edwin@specialolympicsri.org

MAIL TO:

Special Olympics Rhode Island

Attn: Donation Gifts

370 George Washington Highway

Smithfield, RI 02917