

# OFFLINE DONATION FORM

**Special Olympics**  
Connecticut



## DONOR INFORMATION

First Name			Last Name		
Company / Org					
Address					
City			State		Zip
Phone			Email		
<b>OFFICE USE ONLY:</b>			Donor Constituent ID #		

I want to make an offline donation in the amount of

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

## METHOD OF PAYMENT

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

Please charge my credit card   
  Visa   
  MC   
  Amex   
  Disc

Account			Exp	
Cardholder Name			CCV	
Signature			Date	

## THIS DONATION IS IN SUPPORT OF:

The following information must be filled out in order to apply to individual or team fundraising goals

Event Name		OFFICE USE ONLY	CONSTITUENT ID #S
Participant Name		Participant ID#	
Team Name		Team ID #	
Additional Soft Credit		Additional ID #s:	
Notes			

Please consider this a general donation to Special Olympics Connecticut

## FOR OFFICE USE ONLY

Donation   
  Sponsor   
  Grant   
  Cash Collected

Campaign Year

Account Number  Dept/Fund

Please mail form to:

Special Olympics Connecticut - Attn: Special Events  
2666 State St, Ste 1, Hamden CT 06517

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