

Thank you for your Donation to Special Olympics Hamilton County

Individual Donation

Your Name _____

Address _____

City, State, Zip _____

Phone (home) _____ (work) _____

Email _____

General Donation _____

OR

Occasion: (circle one) memorial in honor of birthday anniversary

Name _____

Send acknowledgement to:

Name _____

Address _____

City, State, Zip _____

I/We will contribute \$ _____ to Special Olympics Hamilton County

Please indicate your preferred method of payment:

___ Check made payable to **Special Olympics Hamilton County**

Charge to: ___ VISA ___ Master Card ___ Discover

Card Number _____

Name on Card _____

Signature of Cardholder _____

Expiration date _____ 3 Digit Security Code _____

___ My employer has a matching gift program. I will send the forms to Hamilton County Special Olympics.

Please mail to:

Special Olympics Hamilton County
4790 Red Bank Expressway, Suite 206
Cincinnati, Ohio 45227

For questions please call our office at 513.271.2606

Special Olympics Hamilton County solicits only by mail. We do not go door to door or do phone solicitations. Please call our office if you have any questions.