Thank you for your Donation to Special Olympics Hamilton County

Please print this form, complete it and send it in with your donation.

Individual Donation

Your Name				
Address				
City, State, Zip				
Phone (home)		(work)		
Email				
General Donation OR Occasion: (circle one) memo	rial in I	nonor of	birthday	anniversary
Send acknowledgement to:				
Name			· · · · · · · · · · · · · · · · · · ·	
Address				
City, State, Zip				
I/We will contribute \$				
Please indicate your preferredCheck made payable to \$			ounty	
Charge to:VISAMas	ster Card	Discover		
Card Number				
Name on Card				
Signature of Cardholder				
Expiration date				
My employer has a matc County Special Olympics.	hing gift prog	ram. I will send th	ne forms to Har	nilton
Please mail to: Special Olympics Hamilton Co 4790 Red Bank Expressway, S 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.