

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) 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

4808 Interstate Drive

Cincinnati, OH 45246

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.