



To make a donation, please print and complete this form and mail with check or credit card information to:

Special Olympics New York  
Attn: Online Mail Donation Form  
94 New Karner Road  
Albany, NY 12203

**GIFT INFORMATION**

Donation Amount    \$25    \$50    \$100    \$250    \$1,000    Other \$ \_\_\_\_\_

**PAYMENT INFORMATION**

\*indicates required field

Name\* \_\_\_\_\_ Business name (optional) \_\_\_\_\_

Address\* \_\_\_\_\_

City\* \_\_\_\_\_ State\* \_\_\_\_\_ Zip\* \_\_\_\_\_

Phone number\* \_\_\_\_\_ Email Address \_\_\_\_\_

My donation is enclosed (please make checks payable to Special Olympics New York)

Please charge my:  Visa     MasterCard     Discover     American Express

Credit Card Number: \_\_\_\_\_ CSC Code \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

**IN HONOR OF/MEMORIAL GIFT**

This gift is made in memory of: \_\_\_\_\_

This gift is made in honor of: \_\_\_\_\_

Please fill out the following if you would like a separate acknowledgement sent to the person or family of person named above.

Full name\* \_\_\_\_\_

Address\* \_\_\_\_\_

City/State/Zip\* \_\_\_\_\_

