



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, Suite 208  
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)

## IN HONOR OF/MEMORIAL GIFT

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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\* \_\_\_\_\_

Thank you for your support of the athletes of Special Olympics New York.