



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  
504 Balltown Road  
Schenectady, NY 12304

## 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\* \_\_\_\_\_

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