

MAIL-IN DONATION FORM

Please complete this form and mail to:

Special Olympics
Arkansas**Special Olympics Arkansas**
2115 Main St.
North Little Rock, AR 72114*Special Olympics Arkansas is exempt under Section 501(c)(3) of the Internal Revenue Code. Therefore, your gift is tax deductible. Special Olympics taxpayer ID# is 71-0666671.***PLEASE PRINT****DONOR INFORMATION (required)**

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

DONATION INFORMATION (required)

_____ My donation is enclosed (Please make checks payable to Special Olympics Arkansas)

_____ Please charge my credit card for \$ _____

Please check type of card: _____ Visa _____ Mastercard _____ Discover _____ American Express

Name as it appears on card _____

Billing address if different from above _____ City _____ State _____ Zip _____

Credit card number _____ 3 digit security code on back of card _____

Expiration Date _____ Signature of card holder _____

If you would like a receipt emailed to you, please print your email address below:

HONOR or MEMORIAL DONATION (optional)

This donation is made: _____ In Honor of _____ In Memory of

Name _____

Please complete the following of where an acknowledgement should be sent:

Name _____

Address _____

City _____ State _____ Zip _____

Thank you very much for your donation! Should you have any questions regarding this form or your donation, please feel free to call our office at 501-771-0222 or toll free at 1-800-722-9063.