

MAKE A DONATION

Special Olympics
New Jersey



GIFT INFORMATION

Donation Amount: \$50 \$100 \$250 \$500 \$1,000 Other \$ _____

Name _____

(Optional) Business Name _____

Address _____

City _____ State _____ ZIP Code _____

Phone Number _____ Email _____

My donation is enclosed. (Please make checks payable to Special Olympics New Jersey)

Please charge my:     **in the amount of \$ _____**

Credit Card Number _____ Expiration Date _____ CSC Code _____

Name on Card _____ Signature _____

HONOR OR MEMORIAL GIFT INFORMATION (OPTIONAL)

This gift is: in honor of in memory of _____

Please complete the following if you would like an acknowledgement card sent to the honoree or family

Recipient Name _____

Address _____

City _____ State _____ ZIP Code _____

Your personal message _____

Special Olympics New Jersey is exempt under Section 501(c)3 of the IRS and this gift is tax deductible.

MAIL TO:

Special Olympics New Jersey
Attn: Web Gifts
1 Eunice Kennedy Shriver Way
Lawrenceville, NJ 08648