

Thank you for your Donation to Hamilton County Special Olympics

Individual Donation

Your Name _____

Address _____

City, State, Zip _____

Phone (home) _____ (work) _____

Email _____

General Donation _____

OR

Occasion: (circle one) memorial in honor of birthday anniversary

Name _____

Send acknowledgement to:

Name _____

Address _____

City, State, Zip _____

I/We will contribute \$ _____ to Hamilton County Special Olympics

Please indicate your preferred method of payment:

___ Check made payable to **Hamilton County Special Olympics**

Charge to: ___ VISA ___ Master Card ___ Discover

Card Number _____

Name on Card _____

Signature of Cardholder _____

Expiration date _____

___ My employer has a matching gift program. I will send the forms to Hamilton County Special Olympics.

Please mail to:

Hamilton County Special Olympics
4777 Red Bank Expressway, Suite 19
Cincinnati, Ohio 45227

For questions please call our office at 513.271.2606

Hamilton County Special Olympics solicits only by mail. We do not go door to door or do phone solicitations. Please call our office if you have any questions.