

DRAFT AN ATHLETE

mail-in donation form

First Name:			Last Name:	
Company / Group Affiliat	ion:			
Address:				
			Postal Code:	
Email address:			_Phone #: ()	
Donation amount:	\$500 – Draft an indi	ividual athlete		
	Other amount: \$			
Payment method:	Please send me an invoice			
	Please find a cheque attached made payable to Special Olympics BC			
	Please bill my credi	it card		
Name as it appears on ca	ord:			
Card No	Exp			
Signature			_ Date	
Yo	ou may also donate secu	urely online at bit.	lo/sobcwintergames2019	
Tax receipt requested:	Yes	No		
I would like to receive the	e SOBC monthly e-new	sletter		
		or your gener send completed fo		
		Summer Games- D		
		o Special Olympics 10 - 3701 Hastings		
		Burnaby, BC V5C 21		
		80 Email: info@spe		
	All donations of \$20+	are eiligible to receive	a charitable tax receipt.	

Please ensure all of your contact information is clearly filled out to avoid delay.