MAIL IN DONATION FORM



Thank you for considering a donation to Special Olympics PEI. Your gift is a meaningful way to make a difference in the lives of people with an intellectual disability.

GENERAL INFORMATION					
Donation Amount: \$25	\$50	\$100	\$250	\$500	□ Other \$
Name	Busine	ess Name (C	Optional) _		
Address	City		_ Prov	Post	al Code
E-Mail Address					
Phone Number (Optional)					
My donation is (Please make cl		able to Spe	cial Olymp	oics PEI)	
DIRECT YOUR DONATION					
☐ Please use my donation	on where it	is most ne	eded		
☐ Please target my don	ation to the	e following	communi	ty / progra	m
HONOUR OR MEMORIAL GI		•	•		
This gift is:					
Please complete the followin	g ir you wol	Jid like an a	icknowledg	gement car	d sent to the honouree or
family.					
Recipient NameAddress					al Code
Your Personal Message	City		_ 110v	1 030	11 COUC
Tour Fersonal Message					
If you have any questions plea	ase contact:				
	2-368-8919		ehan@sope	ei.com	
•					
MAIL FORM TO					

Special Olympics PEI 40 Enman Crescent, Room 240 Charlottetown, PE C1E 1E