

**Special  
Olympics  
New Jersey**



# Donate to a D-I-Y Fundraiser

## 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 \_\_\_\_\_

## D-I-Y FUNDRAISER INFORMATION

This gift is to be credited to: \_\_\_\_\_  
*Name of the D-I-Y Fundraiser or Event the donation is going to.*

Host Name or Organization: \_\_\_\_\_

Additional message: \_\_\_\_\_

In accordance with I.R.S. regulations, I hereby state that Special Olympics New Jersey (a 501(c)3 Non-Profit organization) has not provided any goods or services in consideration of your contribution.

**MAIL TO:**  
Special Olympics New Jersey  
Attn: **D-I-Y Fundraising**  
1 Eunice Kennedy Shriver Way  
Lawrenceville, NJ 08648