



MAIL IN DONATION FORM

Thank you for your gift! Your donation provides year-round sports training and athletic competition in a variety of Olympic-type sports for children and adults with cognitive disabilities, giving them continuing opportunities to develop physical fitness, demonstrate courage, experience joy and participate in the sharing of gifts, skills and friendship with their families, other Special Olympics athletes and the community.

GIFT INFORMATION

Donation Amount (US\$): ☐\$25 ☐\$50 ☐\$100 ☐\$150 ☐\$250 ☐\$500 ☐Other \$ _____

☒ This gift is in memory of: Paulette Ann Kroll

☐ This gift is in honor of: _____

☐ This gift is a fundraising event pledge for: _____

Event: _____

☒ Other: For exclusive use for Special Olympics Greenfield/Franklin Agency 8-25

DONOR INFORMATION

Donor(s) Name: _____

Business Name (optional): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

☐ My donation is enclosed. (Please make checks payable to Special Olympics Wisconsin).

Please charge my ☐  ☐  ☐  ☐  in the amount of \$ _____

Credit Card Number: _____ CSC Code: _____ Expiration Date: _____

Name on Card: _____ Signature: _____

Please notify the following person(s) of my donation:

Name: Don Kroll

Address: 7134 North Beach Drive

City, State, Zip: Fox Point, WI 53217

QUESTIONS?

Contact Info@specialolympicswisconsin.org

Or call 800.552.1324

MAIL TO:

Special Olympics Wisconsin

ATTN: Theresa Rossman

2310 Crossroads Drive, Suite 1000

Special Olympics Wisconsin

2310 Crossroads Drive, Suite 1000, Madison, WI 54718 Tel (608) 222-1324 Toll-Free (800) 552-1324 Fax (608) 222-3578

www.SpecialOlympicsWisconsin.org Email info@specialolympicswisconsin.org Twitter [@sowisconsin](https://twitter.com/sowisconsin)

Created by the Joseph P. Kennedy Jr. Foundation for the benefit of persons with intellectual disabilities