

Special Olympics BC Gift Catalogue Order Form

Fax your order to 604-737-3080. Phone it in at 604-737-3078 or 1-888-854-2276. Or email info@specialolympics.bc.ca.

1. ENTER YOUR CONTACT INFORMATION

First Name: _____ Last Name: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Email address: _____ Phone #: () _____

2. CHOOSE YOUR CATALOGUE ITEM

- | | | |
|---|--------------------------|-----------------|
| <input type="checkbox"/> Sponsor an Athlete | _____ x \$25 per month = | \$ _____ |
| <input type="checkbox"/> Provide a Memory (Medal/Ribbons) | _____ x \$20= | \$ _____ |
| <input type="checkbox"/> Provide a Memory – Team (Medal/Ribbons) | _____ x \$95= | \$ _____ |
| <input type="checkbox"/> Inspire Greatness by Training a Coach | _____ x \$160= | \$ _____ |
| <input type="checkbox"/> Give the Gift of Proper and Safe Equipment | _____ x \$200= | \$ _____ |
| <input type="checkbox"/> Uniform a Team and Foster Team Spirit | _____ x \$500= | \$ _____ |
| <input type="checkbox"/> Adopt a Coach and Impact a Community | _____ x \$975= | \$ _____ |
| <input type="checkbox"/> Be the Dean of a Sport University* | _____ x \$1,000= | \$ _____ |
| <input type="checkbox"/> Adopt a Team | \$800 to \$1,600 | \$ _____ |
| <input type="checkbox"/> Be a League Commissioner* | _____ x \$2,500= | \$ _____ |
| <input type="checkbox"/> Draft a Provincial Team Athlete | _____ x \$1,000= | \$ _____ |
| <input type="checkbox"/> Support the Volunteer Academy | _____ x \$2,000= | \$ _____ |
| <input type="checkbox"/> Be a Major League Owner* | \$10,000 to \$50,000 | \$ _____ |
| <input type="checkbox"/> Train Tomorrow's Leaders Today | _____ x \$15,000= | \$ _____ |
| <input type="checkbox"/> Be an Honourary Coach | _____ x \$1,500= | \$ _____ |
| <input type="checkbox"/> Gift of Time, Become a Volunteer | Priceless | |
| <input type="checkbox"/> The Special Olympics Sport Championships | _____ x \$10,000= | \$ _____ |
| <input type="checkbox"/> Be a Provincial Games Major Sponsor | _____ x \$25,000= | \$ _____ |
| <input type="checkbox"/> Gift to the Endowment Fund | Any amount | \$ _____ |
| | TOTAL= | \$ _____ |

Where appropriate, your support will be directed to the community that you identify in your personal contact information. If you would prefer that your support be directed to a different community or where there is the greatest need, please indicate your choice: _____

*For these items, please identify your sport of choice: _____

Please send me a gift card.

3. IDENTIFY YOUR METHOD OF PAYMENT

- Please send me an invoice Please find my cheque attached
- Please bill my credit card Name as it appears on card _____

Card No. Exp /

Signature _____ Dated _____

In the exceptional case where donations exceed what is needed for a particular gift, SOBC will redirect funds to a similar item or help the area of greatest need.



Thank you for supporting Special Olympics BC
 210 – 3701 East Hastings Street, Burnaby, BC, V5C 2H6
 Tel 604-737-3078 or 1-888-854-2276, Fax 604-737-3080, www.specialolympics.bc.ca