



DRAFT AN ATHLETE

mail-in donation form

First Name: _____ Last Name: _____

Company / Group Affiliation: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Email address: _____ Phone #: (_____) _____

Donation amount: \$500 – Draft an individual athlete

Other amount: \$ _____

Payment method: Please send me an invoice

Please find a cheque attached made payable to Special Olympics BC

Please bill my credit card

Name as it appears on card: _____

Card No. _____ Exp. _____

Signature _____ Date _____

You may also donate securely online at www.sobcgameskamloops.kintera.org

Tax receipt requested: Yes No

I would like to receive the SOBC monthly e-newsletter

Thank you for your generous support!

Please send completed form to:

2017 SOBC Summer Games– Draft an Athlete

c/o Special Olympics BC

210 - 3701 Hastings St.

Burnaby, BC V5C 2H6

Fax: 604-737-3080 Email: info@specialolympics.bc.ca

All donations of \$20+ are eligible to receive a charitable tax receipt.
Please ensure all of your contact information is clearly filled out to avoid delay.