



DONATIONS

Participants Name: _____

We hope to raise funds for children and adults with an intellectual disability by providing year-round sport training and competition. I need your help. Will you please sponsor me by making a tax-deductible donation to Special Olympics Nova Scotia today? **Thank you!**

NAME: _____ **AMOUNT: \$** _____ Cash Cheque

Address: _____

City: _____ Province: _____ Postal Code: _____

Tel: _____ Email: _____

NAME: _____ **AMOUNT: \$** _____ Cash Cheque

Address: _____

City: _____ Province: _____ Postal Code: _____

Tel: _____ Email: _____

NAME: _____ **AMOUNT: \$** _____ Cash Cheque

Address: _____

City: _____ Province: _____ Postal Code: _____

Tel: _____ Email: _____

NAME: _____ **AMOUNT: \$** _____ Cash Cheque

Address: _____

City: _____ Province: _____ Postal Code: _____

Tel: _____ Email: _____

NAME: _____ **AMOUNT: \$** _____ Cash Cheque

Address: _____

City: _____ Province: _____ Postal Code: _____

Tel: _____ Email: _____

Make all cheques payable to: Special Olympics Nova Scotia. Please bring form and donations to Registration on September 23, 2017. Tax receipts will only be issued for donations of \$20 or greater unless otherwise requested.

Cash: \$ _____	Cheques: \$ _____	TOTAL: \$ _____
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