

Offline Donation Form

Please complete the form below:

Participant's Name (If Ap	pplicable)		
□ Gold Medal Level (\$100 Summer Games.	0+): The cost for	one athlete to participate in the State	
		e health screening (dental, vision, heari OKY athlete at our Summer Games "He	
□ Bronze Medal Level (\$2 the State Summer Games		ding to recruit and train one volunteer to	help
□ Other Amount	_		
Please make	checks payable	to Special Olympics Kentucky	
Name			
Address			
City	State	Zip/Postal Code	
Donor Phone			
Donor Email			

Thank you so much for your contribution!
Mail this form and your check to:

Special Olympics Kentucky
Attn: Salute to Summer Games
105 Lakeview Court
Frankfort, KY 40601