

To make a donation, please print out this form and mail it with check or credit card information to:



Special Olympics Michigan
Attn: Online Donation Form
Central Michigan University
Mt. Pleasant, MI 48859

Donor Information

Full Name: _____

Address: _____

City / State / Zip: _____

Phone: _____ Email: _____

Gift Payment Information

- Check / Money Order Enclosed
- Credit Card - (Visa, MasterCard, Amex)

Donation amount: _____ Card Type: Visa MasterCard AMEX

Credit Card Number: _____ Exp Date: _____
(mm/yy)

Name as it appears on card: _____

Honor, Memorial, or Event Pledge

In Memory of In Honor of Name: _____

Pledge for: _____
(Name and/or Event)

If you would like an acknowledgement sent to someone for your gift, please provide the following:

Full Name: _____

Address: _____

City / State / Zip: _____

- My company matches donations

If your company has a matching gifts program, please submit the paperwork from your company so your gift can help even more.

Credit Card donations can be faxed to: 1-989-774-3034

If you have any questions please call 1-989-774-3911 or email somi@somi.org.