



## **DONATION FORM**

**Please check the box that most closely represents your donation commitment. Please include this form with your donation**

Check \$ \_\_\_\_\_

Cash \$ \_\_\_\_\_

In-Kind Donation \_\_\_\_\_

---

(Name)

---

(Address)

(If applicable: Company Contact Person – Name) (Phone #) (E-mail)

**Donations can be provided Directly to the Pupil Services Office at 27A Massachusetts Avenue, Harvard, MA 01451**

**Please make checks payable to:**

Special Olympics Massachusetts

**With the memo: CASE/Maynard/Harvard/Littleton.**

**Tax ID #: 23-7242294**