



**SPONSOR INFORMATION**

_____	_____	_____
CONTACT PERSON	COMPANY NAME	DATE OF DONATION
_____	_____	_____
STREET	CITY, STATE, ZIP	PHONE NUMBER

**CASH OR CHECK DONATION**

Special Olympics West Virginia has received a \$\_\_\_\_\_ donation from the above reference person. The donor did not receive any goods or services in exchange for this contribution.

\_\_\_\_\_  
SIGNATURE OF DONOR

**IN-KIND DONATION**

Special Olympics West Virginia has received an In-Kind donation valued at \$\_\_\_\_\_ from the above reference person. The donor did not receive any goods or services in exchange for this contribution.

Please list the item(s) donated, quantity, purpose of the donation:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF DONOR

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I \_\_\_\_\_ have received a donation on behalf of Special Olympics West Virginia for the \_\_\_\_\_ on \_\_\_\_\_ to be held \_\_\_\_\_.  
(event name) (event date) (city/location of event)

\_\_\_\_\_  
Signature of SOWV Volunteer or State Staff