

DONATION FORM

SET YOUR SIGHTS

SATURDAY, MAY 17, 2025

COUNCIL BLUFFS, IA

Company			
Contact Name			
Address			
City, State, Zip			
E-Mail		Phone	

I would like to support Set Your Sights as a:

- ☐ Individual Entry (\$100 registration fee)
- ☐ Donation Item (include description): _____
- _____
- _____
- ☐ Estimated market value of Item: _____
- (please enter dollar amount)
- ☐ Donor signature: _____

Mail completed registration form and check payable to:

Special Olympics Iowa
Attn: Set Your Sights
P.O. Box 620
Grimes, IA 50111

To pay by credit card, register online at www.soiowa.org
or call Special Olympics Iowa at 515-986-5520.

QUESTIONS? CONTACT

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