

# CONTRIBUTION FORM

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

**Gift Type:**

- I would like to make a general contribution to The Arc Baltimore
- I would like to make a designated donation to a specific program area at The Arc:

**Family Fund**

Financial help to families to avoid crisis and fund medical needs.



**Assistive Technology**

Fund devices that enhance communication and dependence.



**Connections**

Cruises, dances, and other social occasions bring friends together.



**Bay Buddies**

80 children get to swim, sail, drum, ride horses, and other camp activities.



**Career Catalyst**

Grow job opportunities through internships and help leverage grants.



**Day Adventures**

Theme parties and day trips for excitement at centers.



**Membership**

Arc advocacy is stronger with the voice of members.



**Life Enhancement Fund**

Makes wishes, trips and special events possible.



**Circle of Giving Society:**

If you would like to make this gift a recurring/monthly commitment, please specify when you prefer to have the gift processed each month (If you would like to enroll in automatic checking account debit, please include a voided check):

- First business day each month     The 15<sup>th</sup> (or the following business day) of each month

**Gift in Honor / Gift in Memory:**

I would like to make a gift in honor of special someone/event: \_\_\_\_\_

I would like to make a gift in memory of someone special: \_\_\_\_\_

Address of recognized person or family to send notification card: \_\_\_\_\_

**Payment Method:**

Gift Amount: \_\_\_\_\_ Pay by check: \_\_\_\_\_ Pay by credit card: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_ Credit card number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Your signature: \_\_\_\_\_