

Honor and Memorial Donation Form

I would like to make a gift to The Arc of the Capital Area in honor of or in memory of

Please send a honor or in memory acknowledgment card to:

Name _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Donor Information:

Name _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

I would like to make a gift to The Arc of the Capital Area in the amount of:

- \$1000
- \$500
- \$250
- \$100
- \$50
- Other \$ _____

Payment Information:

Credit Card Type: _____

Card #: _____

Exp. Date: _____

CCV Code: _____ Billing Zip Code: _____

Amt. Authorized \$: _____

Print Name on Card: _____

Signature: _____

Please make checks payable to:

The Arc of the Capital Area a 501(c)(3) nonprofit organization.

Your contributions are tax deductible to the extent allowed by law and serve our local community.