



Mail In Donation Form

Please print this form and complete the information below to ensure we can properly process and acknowledge your gift.

Donor Information

Prefix: _____ First Name: _____ Last Name: _____ Suffix: _____

Organization Name (fill this out only if you are making this donation on behalf of an organization):

I would like my gift to be recognized as (how you would like your name to appear on your tax letter):

Donor Information

Address (If you are making this donation on behalf of an organization, please provide company's address):

City: _____ State: _____ Zip Code: _____

Email (optional): _____ Phone (optional): _____

By providing your email address and/or phone number, you will receive updates from The Arc Central Chesapeake Region. You may unsubscribe at any time.

Payment Options

One Time Gift Amount: _____

I'm enclosing my check made payable to The Arc Central Chesapeake Region

Please charge my credit/debit card

Card Holder Name: _____

Card Number: _____

Expiration Date: _____

OR Become a Monthly Donor!

Your monthly gift can make a big difference.

YES! Please bill by credit/debit card in the amount of \$_____ per month.

YES! I would like to make a monthly gift in the amount of \$_____ per month, using my checking account. I've attached a voided check from the account I wish to use.

You can change this amount or cancel at any time by calling 410.384.4072.

I want to support...

Where it is needed most Family Fund

Please contact us with your questions and/or feedback. You can reach our Development Office at 410.384.4072.

Mail this completed form to: Development | 1332 Donald Ave | Severn, MD 21144