



Contribution Form

Achieve with us.

PERSONAL INFORMATION

Name (s): _____ E-mail: _____
 Title: _____ Organization: _____
 Address: _____
 City: _____ State: _____ Zip _____
 Primary Phone: _____ Secondary Phone: _____

DONATION INFORMATION

- \$25 - \$99 *Friend* \$100 - \$499 *Advocate* \$500 - \$999 *Mentor*
 \$1,000 - \$2,499 *Steward* \$2,500 and above *Guardian* Other \$ _____

I elect to be designated as a member of The Arc Nature Coast.
 (Any contribution of \$25 or more entitles the supporter to membership)

DESIGNATION

- Life Skills Training Residential Services Employment Services
 Transportation Where needed most

METHOD OF PAYMENT

ALL CONTRIBUTIONS ARE TAX-DEDUCTIBLE.

Enclosed is my single gift of \$ _____ Through my check made payable to: **The Arc Nature Coast.**

Through my credit card (VISA, MasterCard, Discover, American Express)

Card Number _____ Expiration _____

Signature _____ Date _____

I pledge to make a total gift of \$ _____. Please send me an Pledge Invoice as specified below:

To be paid as a single payment gift upon receiving a pledge invoice.

To be paid as a multi-payment gift on a :

Monthly basis for a total of _____ payments starting on _____ (month/year).

Quarterly basis for a total of _____ payments starting on _____ (month/year).

Annual basis for a total of _____ payments starting on _____ (month/year).

Please contact me regarding other gift opportunities for The Arc Nature Coast.

Tribute Information (optional)

In celebration of In honor of In honor of anniversary In memory of In tribute to

Description: _____

The Arc Nature Coast
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