

# AHRC FOUNDATION

## Donations to AHRC Foundation

Your gift helps make AHRC Foundation make a positive and immeasurable impact on the lives of people with developmental disabilities.

1. **Gift Amount** \$ \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_

2. Would you like to designate your gift in honor or memory of someone? If No, Skip to **No. 3**

Honor  Memory  N/A

### In Memory of:

\_\_\_\_\_  
*Name of deceased person*

\_\_\_\_\_  
*relationship to Card recipient*

### In Honor of a Special Occasion:

\_\_\_\_\_  
*Name of person being honored*

\_\_\_\_\_  
*relationship to card recipient*

PLEASE CHECK ONE:

Birthday  Anniversary  Other \_\_\_\_\_

If you would like an acknowledgement card sent to the family, a minimum gift of \$10 is required.

Send acknowledgment card to:

Name [First] \_\_\_\_\_ [Last] \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3. **PAYMENT OPTIONS:**  Enclosed is my check payable to AHRC Foundation  Please charge donation to my credit card.

MasterCard  VISA  American Express  Discover

CC# \_\_\_\_\_ Exp. \_\_\_\_\_ CVV \_\_\_\_\_

**Please mail to: AHRC Foundation • Community Resources, #3 • 189 Wheatley Road • Brookville, NY 11545-2699**