

INCLUSION REVOLUTION

MAIL-IN DONATION FORM

Thank you for considering a donation to Inclusion Revolution. Your gift is a meaningful way to make a positive impact in the lives of people with intellectual disabilities.

GIFT INFORMATION

Donation Amount (US\$): \$50 \$100 \$250 \$500 \$1,000 Other \$ _____

Name _____ (OPTIONAL) Business Name _____

Address _____ City _____ State _____ ZIP Code _____

Country _____ Email Address _____ @ _____

(OPTIONAL) Please provide your phone number so we can reach you, if necessary, with questions regarding your donation.

Phone Number _____ - _____ - _____

My donation is enclosed. (Please make checks payable to Inclusion Revolution, Inc.)

Please charge my:     **in the amount of \$ _____**

Credit Card Number _____ CSC Code _____ Expiration Date _____

Name on Card _____ Signature _____

HONOR OR MEMORIAL GIFT INFORMATION (OPTIONAL)

This gift is: **in honor of** **in memory of** _____

Please complete the following if you would like an acknowledgement card sent to the honoree or family:

Recipient Name _____

Address _____ City _____ State _____ ZIP Code _____

Your Personal Message _____

TELL US ABOUT YOURSELF (OPTIONAL)

Please check all that apply to you

- I know someone who has an intellectual or developmental disability.
- I have volunteered to support this community (Special Olympics, Best Buddies, etc.).
- I'd like to volunteer for Inclusion Revolution.

Inclusion Revolution, Inc. is exempt under Section 501(c)(3) of the IRS and this gift is tax deductible.

QUESTIONS?

Contact Donor Services

724-312-0824

9 a.m. - 5 p.m. EST

Email: Info@TheInclusionRevolution.org

MAIL TO:

Inclusion Revolution Attn:

Donor Services

111 S. Pineapple Ave., #601

Sarasota, FL 34236