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:** ☐ MasterCard ☐ VISA ☐ American Express ☐ Discover **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