# 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
941-422-4969
9 a.m. - 5 p.m. EST
Info@TheInclusionRevolution.org

**MAIL TO:**
Inclusion Revolution
Attn: Donor Services
1661 Ringling Blvd., #1198
Sarasota, FL 34230