



# DONATION FORM

When complete, please return this form to:  
Arc of Genesee Orleans County  
64 Walnut Street  
Batavia, NY 14020  
ATTN: Community Relations

Donor's Information:

Title: (Mr. / Mrs. / Mr. & Mrs. / Ms. / Dr. / Rev.) \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

E-Mail Address: \_\_\_\_\_ @ \_\_\_\_\_

Telephone: \_\_\_\_\_

Your gift:

I/we would like to make a gift in the amount of:

\$1,000  \$500  \$250  \$100  \$50  \$25  \$10  Other (please specify) \_\_\_\_\_

Please find my check made payable to: Arc of Genesee Orleans.

Please bill my Credit Card  Visa  Master Card

Name on Credit Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_ / \_\_\_ (MM/YY)

Security Code: \_\_\_ (3 digit code on back of card)

I would like my donation to help in the following areas:

Programs and Services helping those with a disability or  Legacy of Love Arc Endowment

Is your gift a memorial?  No  Yes, in memory of \_\_\_\_\_.

Is your gift a donation in honor or celebration of a person or event?

No  Yes, in honor/celebration of \_\_\_\_\_.

(An individual, birthday, anniversary or special occasion)

*All donors receive an acknowledgement of their gift. If you would like a notification sent to an individual or family informing them a donation has been made in memory, honor or celebration of a loved one or special occasion, please include notification information, name and address in the box to the right. We will contact you if additional information is needed.*

**Please send a notification of my gift to:**  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
City: \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Please use the back of this form if you have additional notification information.

Thank you for your support of our mission to serve those with a disability and their families.