

The Arc promotes and protects the human rights of people with intellectual and developmental disabilities and actively supports their full inclusion and participation in the community throughout their lifetimes.

PLEDGE FORM

Donor Information (please print or type)

Name	
Billing address	
City	
State	
ZIP Code	
Telephone (home)	
Telephone (business)	
Fax	
E-Mail	
Pledge Information	
_	General Support Self Advocates Saturday Fun Day Respite Programs Camp Champions Summer Programs Right to Learn/Education Adult Weekend Respite Candy Cane Ball
Total Pledge Amount \$	
I (we) plan to make this contribution in the form of: cash check credit card other.(MasterCard, VISA, Discover and Am. Ex. are accepted).	
Credit card type	
Credit card number and secu	rity code
Expiration date	
Authorized signature	
Gift will be matched by (company/family/foundation) form enclosed form will be forwarded	
Acknowledgement Information	
Please use the following name(s) in all acknowledgements:	
I (we) wish to have our gift remain anonymous.	
Signature(s)	
Date	

Please make checks, corporate matches, or other gifts payable to:

The Arc of Greater Houston

Mail or fax this completed form (and check if applicable) to:

Mailing Address: P.O. Box 924168 Fax: 713-957-1699

Houston, TX 77292-4168 For any questions call: 713-957-1600