



Donation Form

I want to make a difference in the lives of individuals and families living with intellectual/developmental disabilities by supporting All About Developmental Disabilities (AADD, Inc.) with a gift of:

\$10 \$25 \$50 \$100 \$250 \$500 \$1000 \$_____ (other)

Please designate my gift for:

- | | |
|--|--|
| <input type="checkbox"/> General Support for AADD's Mission | <input type="checkbox"/> Fund for Client Emergency Needs |
| <input type="checkbox"/> Scholarships for Benefits Consulting Services | <input type="checkbox"/> Holiday Adoption Program |

Donor Information

Name(s): _____

**Please list name as it should appear in AADD publications*

I would like to be listed as "Anonymous"

Mailing Address: _____

Phone: _____ Email: _____

Gift Information

- My cash/check/money order is enclosed or I would like to make my gift by credit card:
- Amex MasterCard Visa
- I want to cover the 3% transaction fee so 100% of my donation goes to the organization

Amount \$ _____ Card # _____ Exp. Date ____ / ____ CVV _____

Signature _____ Date _____

Tribute Information

This is a tribute gift: In memory of or In honor of

Name(s) _____

Please notify the following individual(s) of my gift (Note: your gift amount will not be disclosed):

Names(s) _____

Mailing Address _____