



**Disability  
Advocates**

**Disability Advocates  
Building Opportunities Creating Independence Campaign  
Gift Form**

YES, I / we support the Building Opportunities Creating Independence campaign for the Disability Advocates!

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Please accept my / our gift of \$ \_\_\_\_\_

- This is a one-time gift.
- This gift is payable over three years as follows:

2021 \$ \_\_\_\_\_  
 2022 \$ \_\_\_\_\_  
 2023 \$ \_\_\_\_\_

Signature: \_\_\_\_\_

Pledge reminders will be sent annually in May. If you would like to receive these reminders with more frequency, please let us know. Thank you.

My (our) gift will be made by:

- Cash/check *(please make checks payable to Disability Advocates of Kent County)*
- Credit Card
- Gift of Stock *(please contact me)*
- My employer will match my gift *(please contact me)*

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

Signature: \_\_\_\_\_

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

Expiration Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Credit cards will be billed on the date this form is received, unless otherwise stated.

Please print your name as you would like it listed in donor recognition material: \_\_\_\_\_

- I / we prefer to remain anonymous.
- I would like to make this gift in honor of: \_\_\_\_\_
- I would like to make this gift in memory of: \_\_\_\_\_

*\*Disability Advocates is a 501(c)3 not-for-profit, Tax ID 38-3114474. Your contribution is tax deductible to the full extent of federal and state tax laws. \*Please return this form to: Peggy Helsel at [Peggy.H@dakc.us](mailto:Peggy.H@dakc.us) or by mail.*