



Donation Reply Form

Yes, I/we want to support The ARC of the South Shore's mission to provide the highest quality services and advocacy for children and adults with mental retardation, cognitive, physical or developmental disabilities.

Please accept my/our gift of: \$ _____ Check enclosed, made payable to the Arc of the South Shore

Charge my credit card number: _____ Expiration Date: _____

Authorized signature: _____

My gift is given in memory of: _____ Relationship to donor: _____

In honor of: _____

(Please specify)

Commemorating: Birthday Anniversary Holiday Get Well

Other _____

Double your gift to the Arc of the South Shore! Check with your Human Resources Department to see if your company has a matching gifts program. If they do, request a matching gifts form, fill it out and enclose it with your donation.

Please print the following information so we may accurately acknowledge your gift and notify the appropriate individual or family member if your gift is in honor of a special person or in memory of a loved one.

Donor's Name: _____ Telephone: _____

Address: _____ E-mail: _____

City/State/Zip: _____

Please notify the following person(s) of my tribute gift.

Name: _____ Relationship to deceased or honoree: _____

Address: _____ City/State/Zip: _____

Please check below to let us know how you wish your donation to be used:

Unrestricted gift – allows The Arc of the South Shore the flexibility to direct funds where the needs are greatest.

To support the **Community Supports Program**- provide a range of recreational opportunities and support services.

To support **Early Intervention Services** -serves eligible children from birth to three-years-old.

To support **Residential Supports** -provides housing options.

To support the **Day Habilitation** -improves independence levels and functional abilities.

Please return this completed form to:

The Arc of the South Shore -Development Office - 371 River Street - Weymouth, MA 02191

Phone 781-335-3023 Fax: 781-331-6021