



DONATION FORM

Yes, I want to support The Arc of Ventura County's mission to improve the quality of life for individuals with developmental disabilities with a tax-deductible donation in the amount of \$_____.

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email: _____

- Check made payable to The Arc of Ventura County enclosed.
 Charge my donation to:
 American Express MasterCard Visa

Account Number _____ Exp. Date _____

Signature _____

My contribution is

- in honor / memory of _____

Please send acknowledgement to:

- designated to The Arc of Ventura County's _____ Program.

Please return form to: The Arc of Ventura County
5103 Walker Street
Ventura, CA 93003
Fax: (805) 644-7308

Thank you for supporting The Arc of Ventura County!
Federal Tax ID Number: 95-2266987