



**DONATION FORM**

When complete, please return this form to:  
The Arc of Orleans County  
Community Relations  
PO Box 439  
Albion, NY 14411

**Donor's Information:**

Title: (Mr. / Mrs. / Mr. & Mrs. / Ms. / Dr. / Rev.) \_\_\_\_\_  
First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Your gift:**

I/we would like to make a gift in the amount of:  
\_\_ \$1,000 \_\_ \$500 \_\_ \$250 \_\_ \$100 \_\_ \$50 \_\_ \$25 \_\_ \$10 \_\_ Other (please specify) \_\_\_\_\_  
\_\_ Please find my check made payable to *The Arc of Orleans County*.  
\_\_ Please bill my Credit Card \_\_ Visa \_\_ Master Card \_\_ American Express \_\_ Discover  
Name on Credit Card: \_\_\_\_\_  
Credit Card Number: \_\_\_\_\_  
Expiration Date: \_\_ / \_\_ (MM/YY) Security Code: \_\_ (3 digit code on back of card)

**I/We would like to designate this gift:**

\_\_ In Memory of \_\_ In Honor of \_\_ For the Occasion of: \_\_\_\_\_  
Please acknowledge this tribute gift to:  
First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I would like my gift to help in the following area:

- Camp Rainbow
- Community Living
- Legacy of Love Arc Endowment
- Meals on Wheels/Nutri-Fair
- Rainbow Preschool
- Vocational Services
- Wherever it is needed most