

Donation Remittance Form

First Name .		
First Name: Last Name	e:	
Address:		
City:	_ State:	Zip Code:
Phone:	_	
Professional Affiliation:		
Email:		Add to email list □
Donation:		
Enclosed is my tax-deductible donation of \$		
Apply my donation to:		
☐ General (Give) ☐ Spring Lunch ☐ Gala ☐	Giving Tues	day (Year-end)
☐ Memoriam or honor of:		
Please make check payable to The Arc Kent County		
Mail to:		
The Arc Kent County 2922 Fuller Ave NE, Suite 201 Grand Rapids, MI 49505		

Visit us at arckent.org

We are grateful! You are building a world that recognizes disability rights are human rights.