

Event Information

**required*

Name *

Address*

City, State, Zip*

Email*

Phone

Company or Sponsor Name

Event Attendee Donation

Number of Attendees _____ at \$100 per person

Kindly complete attendee information on reverse side

- Donation enclosed.** Check Payable to The Arc Kent County
- Charge my card.** Give online or fill out the credit card form. Your credit card will indicate a Givebutter donation.
- I would like to receive email from The Arc Kent County.
- Do not display my name publicly

Credit Card Form for Event Ticket

**required*

Credit Number *


Expiration Date*

CVC*

Print Name*

Billing Address*

City, State, Zip*

 **Powered by Givebutter**

We partner with Givebutter, our all-in-one fundraising platform, ensuring convenience and security for your contributions. Please note that your bank statement will show 'Givebutter' as the payee, confirming your contribution to us. By signing I agree to the transaction processing fee. For fee information visit arckent.org/fundraising

I authorize The Arc Kent County to charge my card the amount specified above as indicated. If this is a monthly gift, the authorization will remain in effect until I submit a request to cancel transactions.

Signature

Date



To give online visit:
givebutter.com/arckentinspirechange2024