



Donation Remittance Form

First Name: _____ Last Name: _____

Address: _____

City: _____ State: ____ Zip Code: _____

Phone: _____

Professional Affiliation: _____

Email: _____ Add to email list

Donation:

Enclosed is my tax-deductible donation of \$ _____

Apply to:

General Donation Membership Giving Tuesday Endowment

Memoriam or honor of: _____

Please make check payable to **The Arc Kent County**

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

Mail to:

The Arc Kent County
2922 Fuller Ave NE, Suite 201
Grand Rapids, MI 49505



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Visit us at arckent.org

*The Arc Kent County is a 501(c)(3) non-profit charitable organization.
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