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

Visit us at arckent.org

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

*All contributions are tax-deductible. No goods or services will be provided in exchange for your contribution.*