



MEMORIAL DONATION FORM

Please print. Items marked with an asterisk (*) are required.

I'd like to make a donation to The Arc of Delaware in memory of:

<i>*First name:</i>	<i>*Last name:</i>

Donor Information *The Arc of Delaware will send you a receipt letter.*

<i>*Donor first name:</i>	<i>*Donor last name:</i>	
<i>*Street Address</i>		
<i>*City</i>	<i>*State</i>	<i>*Zip</i>
<i>*Email</i>		<i>Phone</i>

Gift Notification Information *The Arc of Delaware will send a letter to your designated contact notifying them of your gift. Amounts are not disclosed.*

<i>*Contact first name:</i>	<i>*Contact last name:</i>	
<i>*Street Address</i>		
<i>*City</i>	<i>*State</i>	<i>*Zip</i>
<i>*Email</i>		<i>Phone</i>

Please include this note with the gift notification letter. (You can use the back for longer notes.)

Please mail this completed form with your check, payable to *The Arc of Delaware*, to
 2 S. Augustine St., Suite B, Wilmington, DE 19804. Or call 302-996-9400 with credit card information.