

Creating lifelong possibilities for people with developmental and intellectual disabilities. Name _____ Address _____

City/State____Zip____ Email Address______ Phone_____

Mastercard Visa Discover American Express Credit Card Number_____ Exp. Date_____ Sec. Code_____ Signature____

In loving memory of/In honor of (circle one)

Enclosed is my gift of \$_____ (please make checks payable to The Arc Wayne)

I would like: ☐ a tour of The Arc Wayne ☐ to include The Arc Wayne in a will

Membership Levels: ☐ Individual \$15 ☐ Family \$25 ☐ Business \$50