



Circles of Support

Individually, we are one drop. Together, we are an ocean.

Commitment Form

Name _____

Company _____

Address _____

City _____ State _____ Zip _____

For marketing materials please contact:

Name _____

Phone _____ Email _____

I am proud to support the advocacy efforts of The Arc of Indiana by joining the Circles of Support.
I understand Circles of Support is by invitation only to a select number of organizations.
To secure my invitation, I would like to pledge my participation in the following years.

2022 _____

2023 _____

2024 _____

2025 _____

2026 _____

Payment Options

Enclosed please find my payment for 2022 _____

Please send an annual invoice each year selected above in the month of _____

Please send invoices biannually each year selected above in the months of _____ and _____

Please mail completed form to

The Arc of Indiana • 143 W. Market St. Suite 200 • Indianapolis, IN 46204

