

Donation Pledge Form



The Arc of Indiana/The Arc of Indiana Foundation

All gifts to The Arc of Indiana and The Arc of Indiana Foundation/
Erskine Green Training Institute are tax-deductible to the extent
provided by the law.



Donor Information

Name(s) _____

Address _____

City _____ State _____ Zip _____

Phone 1 _____ Phone 2 _____

Email Address _____

Pledge Information

I wish to support the work of _____ The Arc of Indiana _____ The Arc of Indiana Foundation/EGTI

I/We pledge a total of \$ _____ to be paid _____ now _____ monthly _____ quarterly _____ yearly

Special directions _____

Date pledge begins _____

I/We plan to make the contribution in the form of:

_____ cash _____ check _____ credit card _____ payroll deduction (for The Arc or EGTI staff)

Other: _____

Credit card type _____ Exp. Date _____

Credit card number _____

Authorizing signature _____

Gift will be matched by (company/family/foundation) _____ Form enclosed _____ Form will be forwarded

Acknowledgement Information:

Please use the following name(s) in all acknowledgements _____

_____ I/We wish to have our gift remain anonymous

Please make checks, corporate matches or
other gifts payable to:
The Arc of Indiana or
The Arc of Indiana Foundation
143 W. Market Street, Suite 200
Indianapolis, IN 46204

Signature _____

Date _____