



I/We would like to make a donation to Inspire.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Donation Amount: \$ \_\_\_\_\_

Payment is enclosed. *Please make your check payable to **Inspire Foundation**.*

Please charge my credit card:  MasterCard  Visa

Account #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_

I would like to make my gift (check one) in  **memory**  **honor** of: \_\_\_\_\_

Please notify: \_\_\_\_\_ at the following address:

\_\_\_\_\_

Please contact me about including Inspire in my will.

**Please mail this form with your payment to:**

**Community Relations Department  
Inspire  
2 Fletcher Street  
Goshen, New York 10924**

**Thank you for making a difference for children and adults with disabilities!**