



GIVING FORM

Yes, I would like to help turn disabilities into capabilities!

Questions? Call 716.505.5510

Please print and mail this form with your tax-deductible gift to:

Aspire of WNY
Communications & Development
2356 North Forest Road
Getzville NY 14068

Name: _____

Address: _____


City: _____ State: _____ Zip Code: _____

Phone: _____ E-Mail: _____

Enclosed is my gift of:
 \$250 \$100 \$50 \$25 Other \$_____ (Please make check payable to Aspire Foundation of WNY).

Please charge \$_____ on my Visa Mastercard Discover.

Credit Card Number: _____ Exp. Date: _____

 Signature: _____ Date: _____

I would like my donation to recur. Please automatically charge my credit card every: month year.

FOR RECOGNITION PURPOSES, PLEASE RECORD THIS GIFT AS BEING FROM:

Please DON'T publish my name in any recognition pieces. My gift is ANONYMOUS.

Please record my gift as a tribute (optional):

In honor of In memory of

Name: _____

Occasion: _____

Please send an acknowledgement of this gift to:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Other Options:

- My matching gift form is enclosed. (Your gift may be matched by your employer. Contact your HR office for details.)
- Please send me information on gifts that pay income to me.
- I have remembered Aspire of WNY, Inc. in my will or estate plans.
- Please send me information on how to remember Aspire of WNY, Inc. in my will or estate plans.
- Please send me information on donating gifts of stock.

Thank you for your thoughtfulness!

All gifts are tax deductible to the extent allowable by IRS regulations. Your gift supports the programs and services of Aspire of WNY. A copy of Aspire of WNY's annual report may be obtained, upon request, from Aspire's Communication & Development Office or from the Office of the Attorney General, Charities Bureau, 120 Broadway, New York, NY 10217.