



Donation Form

SPaN works to enhance the professional growth and development of its members and to act as a primary resource for advocates.

Donor Information (please print or type)

Name	
Billing Address	
City, State, Zip Code	
Home Phone	
Business Phone	
E-Mail Address	
Fax	

Pledge Information

I (we) pledge a total of \$_____ to be paid:
_____ now _____ monthly _____ quarterly _____ yearly

I (we) plan to make this contribution in the form of: _____ check _____ money order

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.

Signature (s)
Date:

Please make checks, corporate matches, or other gifts payable to SPAN and mail to:

SPaN (Special Needs Advocacy Network)
P.O. Box 269
Natick, MA 01760

SPaN is a non-profit, tax exempt organization.
Your cancelled check will be a record of your tax deductible donation

Thank You