

Contribution Pledge Form

Bachelor's in Disability Inc
46 Fox Run, New Providence, NJ, 07974
<https://www.bachelorsindisability.org/>

CONTRIBUTOR INFORMATION (Your personal information is kept confidential)

Last Name: _____, First Name: _____ MI: _____
Street Address: _____ City: _____ State ____ Zip _____
Telephone Numbers: Home (____) _____ Work: (____) _____
E-mail Address: _____

I would prefer that this contribution and/or my name be kept confidential. Thanks!

DONATIONS

A ONE-TIME DONATION, IN THE AMOUNT OF:

\$5,000 \$2,500 \$1,000 \$ 500 \$100 \$50 Other: \$ _____

A REPEATING DONATION, AS FOLLOWS:

A sum of \$ _____ Once Every Month Quarter Year, amounting to a Total of \$ _____

MATCHING CONTRIBUTIONS

Does your employer match donations? YES / NO

Please enclose a signed Matching Donation Form from your employer if applicable

METHOD OF PAYMENT

Check enclosed, Please make checks payable to "Bachelor's in Disability Inc"

NOTES

- Contributions to Bachelor's in Disability Inc are deemed charitable under section 501(a) of the internal revenue code as an organization described in Section 501(c)(3). U.S. Federal Tax ID 87-4828399. Please consult your accountant for any clarifications.
- Payments must be received before the end of the year to be eligible for a tax deduction in that year.
- There is no minimum contribution amount.
- For more information please visit www.bachelorsindisability.org or text/call 908-731-1573* or write to info@bachelorsindisability.org

Please forward completed form and payment to:
Bachelor's in Disability Inc
46 Fox Run, New Providence, NJ, 07974

- I would like to volunteer my time, resources, or ideas to Bachelor's in Disability Inc.
 Please do NOT send me newsletters.

*Due to a speech issue, our main contact prefers texts over calls. Please leave him a message, if you call. He will find a way to call you back.