



ACCESS® 2018-2019 Annual Giving Campaign

No gift is too small - all donations add up to make a difference.

Together we are having an impact!

To make a donation, please turn this sheet into the front desk with payment or visit

www.accessgroupinc.org/give

**Our family is proud to make a gift of \$ _____ to embrace the
ACCESS Mission: *Expanding Individual Potential Through Innovative Instruction.***

- My check is enclosed.
- Please charge my Visa/MasterCard/Discover/AMEX. (circle one)

Card Number: _____

Expiration Date: _____ CVV: _____

Signature: _____ Date: _____

Donor Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____

Email: _____

- My firm will match my gift. My matching gift is enclosed.
- I wish to remain anonymous in gift reports.
- My gift is in honor of (name): _____
- My gift is in memory of (name): _____

I would like an acknowledgement card sent to:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

THANK YOU FOR YOUR SUPPORT!