



Investing in the Future

I believe that OPTIONS is a vital part of our community. I want to ensure that OPTIONS will continue as a premier provider of opportunities for people with disabilities.

To that end, I/we commit an investment of \$_____ per year.

Please bill me Monthly Quarterly Semi-Annually Annually beginning _____
(mo/year)

I would like my pledge to be automatically renewed for _____ year(s).

Ongoing (Pledge will automatically renew at completion. If I wish to stop payments, I will send a written request to OPTIONS)

Renewal Form (I would like a renewal form sent to me upon completion and I will choose if I wish to continue the pledge)

Please make my donation anonymous

I/we would like more information regarding planned giving

My company (_____) will match my gift

I/we prefer to make our contribution by giving stocks, bonds, mutual funds or real estate. Please have someone from OPTIONS contact me.

Print Name _____



Preferred Mailing Address _____

City, State, ZIP _____

Phone _____

Email Address _____

METHOD OF PAYMENT Choose One: Check Credit Card (fill out information below)

Choose One:   Name on Card: _____

Card Number: _____ Expiration Date: _____

Signature _____

Date _____

YOUR INVESTMENT IS TAX-DEDUCTIBLE TO THE EXTENT ALLOWED BY LAW.

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