



**enable**  
 individualized services  
 for children & adults with disabilities

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

**Donor Relations Coordinator**  
**Enable**  
**1603 Court Street**  
**Syracuse, NY 13208**

**Yes! I would like to make a difference in the lives of people with disabilities.**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Enclosed is my gift of:  
 \$250  \$100  \$50  \$25  Other \$ \_\_\_\_\_  
 (Please make check payable to **Enable**)

Please charge \$ \_\_\_\_\_ on my  MasterCard  Visa  Discover  
 Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

**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: \_\_\_\_\_

Please send me information on how to remember Enable in my will or estate plans.

*Thank you for your thoughtfulness!*

All gifts are tax deductible to the extent permitted by law.  
 You will receive a charitable donation receipt from Enable.