Developmental Enrichment Centers
P.O. Box 11856
Glendale, Arizona 85318

Donation Form

Use this donation form if you would like to claim the Arizona Charitable Tax Credit.

❑ **Yes**, I want to help DEC raise critical funds for Developmental Enrichment Center's Day Treatment and Training; making a difference in the lives of the developmentally disabled and their families.

Individual/Corporate/Business Name _____ Contact Name (if picking up gifts) _____

Address _____ Contact Phone Number _____

City _____ State _____ Zip _____ E-Mail Address _____

❑ **I would like to pledge a gift of _____, to Developmental Enrichment Centers.**

❑ **I would like to make a gift to Developmental Enrichment Centers in the amount of:**

❑ **$10,000**	❑ **$1,000**	❑ **$100**
❑ **$5,000**	❑ **$500**	❑ **$50**
❑ **$2,500**	❑ **$2500**	❑ **Other: _____**

❑ ***Please make my gift*** ❑ ***in honor of*** ❑ ***in memory of _____ (name)***.

❑ Enclosed is a check for my gift. (Make check payable to **Developmental Enrichment Centers**)

❑ **Please charge my credit card for my gift:**
(Please enter your number below or visit http://www.dec-az.com/donate)

❑ Visa ❑ Master Card ❑ Discover ❑ American Express

Card Number: ___ ___ ___ ___-___ ___ ___ ___-___ ___ ___ ___-___ ___ ___ ___

Expiration Date (mm/yy): ___ ___ / ___ ___ 3 Digit Security Code: ___ ___ ___

Card Holder Name (if different from above) _____ Phone Number _____

Address (if different from above) _____ E-Mail Address _____

City _____ State _____ Zip _____ Signature (required) _____ Date _____

❑ **I would like to pledge the amount of _____ to be paid by the following payment schedule and complete before December 31:**

January	$_____	May	$_____	September	$_____
February	$_____	June	$_____	October	$_____
March	$_____	July	$_____	November	$_____
April	$_____	August	$_____	December	$_____