



CONTRIBUTION FORM

Join the RevAULusion and be a part of changing the world for individuals with autism, IDD and other special needs!

Name _____

Address _____

City, State, Zip _____

Email address _____

Type of gift	Amount of gift	Fund Designation (optional)
<input type="checkbox"/> One-time gift	<input type="checkbox"/> \$10.00	<input type="checkbox"/> Rev It Up (operational)
<input type="checkbox"/> Weekly	<input type="checkbox"/> \$20.00	<input type="checkbox"/> Rev It Up Program Fund
<input type="checkbox"/> Monthly	<input type="checkbox"/> \$50.00	<input type="checkbox"/> Rev It Up Project Fund
<input type="checkbox"/> Quarterly	<input type="checkbox"/> \$100.00	
<input type="checkbox"/> Annually	<input type="checkbox"/> Other \$ _____	



Payment method

Check # _____

Money Order # _____

Credit Card



Exp Date

MM YY CVV



If you prefer we are happy to send you an invoice through paypal, be sure to provide your mailing & email address above, mail or fax this form to us and we will send your invoice upon receipt.

THANK YOU FOR YOUR SUPPORT OF REVAULUSION!

RevAULusion will send an acknowledgment by email upon receipt of this form and will mail an annual statement of donor contributions for your tax records when applicable.