

Name _____
Address _____
City _____ State _____ Zip _____
Phone _____ Email _____

I/we
would like
to support
Partners for Youth
with Disabilities
at the following
level:

VISIONARY-\$1,000
 MOUNTAIN MOVER-\$500
 GAME CHANGER-\$250
 HERO-\$100
 BELIEVER-\$

Check if you're
going to have
your company
match your gift



Partners for
Youth with Disabilities

Check enclosed (made payable to Partners for Youth with Disabilities) \$ _____
Please charge my []Master Card []VISA []Discover []Amex
Card No _____ Exp. Date _____
Name on Card _____ CSC# _____
Signature _____ Date _____