



**FOR MAIL-IN DONATIONS TO ARCS NATIONAL ONLY
TO DONATE TO A CHAPTER, PLEASE CONTACT THE CHAPTER DIRECTLY**

Your gift amount: \$5,000 \$2,500 \$1,000 \$500 \$250 \$100 Other _____

Choose how your gift will be used:

- For ARCS National Endowment to help ensure the sustainability of the ARCS mission for generations to come
- For ARCS National Operations to build capacity and support chapters

I am:

- An ARCS Member
- An ARCS Scholar/Alum
- A Friend of ARCS
- Other

Are matching funds available? Yes _____ No _____

Contact for Matching Funds: _____

Designations

If you would like a specific chapter to receive credit in the **Chapter Challenge** for your donation to ARCS National, please indicate chapter name: _____

If you would like to designate your gift in the honor or memory of someone special, please list name and contact information of honoree or family to be notified:

Donor name to be listed in recognition of this gift: _____

Contact Information

Full Name: _____

Address: _____

City: _____ State: _____

Postal Code: _____ Country: _____

Mobile Phone: _____ Home Phone: _____

Email: _____

When submitting a check, please send this completed form with payment to:

ARCS Foundation, Inc.
Attention: Accounting Department
PO Box 2649
LaGrange, GA 30241