

Contribution Form

All contributions are tax deductible.



Able People Foundation
501 (c) (3) Non-Profit Public Benefit Corporation

Advocate of People with Disabilities
Federal Charity Tax ID# 04-3651552

Together, we will build stronger community and make a difference!

Donor Information (please print or type)

Full name	
Complete mailing address	
Telephone	
Cell Phone	
E-Mail	

Contribution Information

I (we) want to contribute a total of \$ _____.

I (we) plan to make this contribution in the form of:
____ cash ____ check ____ credit card ____ other.

100% of all contributions will apply directly toward our mission including Educational & Giving Programs.

Credit card type	
Credit card number	
Expiration date	
Authorized signature	

Please write your checks payable to:

Able People Foundation
552A Valley Way
Milpitas, CA 95035

Acknowledgement Information

Please use the following name(s) in all acknowledgements:

acknowledgements	
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____ I (we) wish to have our contribution remain anonymous.

Signature(s):
Date: