

YES! I want to help SADI continue to provide and expand services to individuals with disabilities.

___ Enclosed is my one time gift of: ___\$25 ___\$50 ___\$100 ___\$250 ___\$500 ___\$1000 Other\$___

___ I would like my gift to be recognized on Friends of SADI's Wall of Caring located at the new building at 1913 Rusmar.

Name (PLEASE PRINT) _____

Address _____ City _____

State _____ Zip _____ Phone (Home) _____ (Work) _____

___ My Employer's Matching Gift Form is enclosed.

___ I would like to volunteer at the center

Please make checks payable to SADI. All contributions are tax deductible.

FRIENDS OF SADI GIFT

In memory of _____ In honor of _____

Occasion of Honor _____ Your phone _____
(Birthday, Graduation, Wedding, Anniversary, Career Accomplishment, New Arrival, Religious Observation, Holiday Gift, Other)

Sign acknowledgement card from _____ and send to _____

Address _____ City _____ State _____ Zip _____