



The APSE Foundation Donation Form

Yes! I want to help the APSE Foundation continue the important work of advancing integrated employment opportunities for individuals with disabilities!

I would like my donation to be highlighted on the APSE website:

Name as you would like it to appear (Please print)

Address: _____

City _____ State _____ Zip Code _____

I would prefer that my donation remain anonymous.

Please indicate your method of contribution. Every donation is greatly appreciated!

My check is enclosed for \$ _____.

Please deduct from my credit card a gift of \$ _____.

Credit card number _____

Expiration Date _____ Security Code: _____

Signature _____

Date _____

Do you wish to designate your gift?

_____ Use my gift for the Check-in Campaign to support APSE "Employment First" initiatives

_____ Use my gift for training and scholarships for individuals with disabilities.

_____ Use my gift to support marketing and community outreach activities.

_____ Use my gift to support individuals in employment.

If you would like to memorialize someone with this gift, please provide the following information:

Memorial to _____

Tribute to _____

**Mail this form along with your tax deductible contribution to:
APSE Foundation, 451 Hungerford Drive, Ste. 700, Rockville, MD 20850**