



Celebrating Over 50 Years of Hope and Excellence

## Pledge Form

I (We) Pledge:

\$ \_\_\_\_\_ (Gift Amount)

Our contribution is enclosed.  
Please make checks payable to: YAI

Please charge our total gift to our credit card.

Please charge our credit card in equal monthly installments starting in \_\_\_\_\_ (month).\*

### Credit Card Information:

\_\_\_ AMEX \_\_\_ VISA \_\_\_ Mastercard

Card number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

This gift is given to:

- YAI     NYL     RCALD
- Premier HealthCare     NIPD/NJ
- Corporate Source     IIPD of Puerto Rico

This gift is given:

- In honor of     In appreciation of
- In memory of     In celebration of

Name: \_\_\_\_\_

Please notify: \_\_\_\_\_

Address: \_\_\_\_\_

\* I authorize YAI/National Institute for People with Disabilities to withdraw the amount indicated above from my credit card on the first of the month. I understand that I can increase, decrease, or stop this arrangement at any time with written notice to YAI/NIPD.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

Email: \_\_\_\_\_

I wish to maximize my support with a Matching Gift from my company. The company's form is enclosed or I applied on my company's website. (Check [www.matchinggifts.com/yai](http://www.matchinggifts.com/yai) to see if your company matches gifts.)

I have provided for the future of the YAI/NIPD Network with a bequest in my will, or would like more information about making a legacy gift.

*Contributions are 100% tax deductible to the extent provided by law.*

**Please mail or fax this form with your gift to:**

**Alice Hunt  
YAI/NIPD Network  
460 West 34<sup>th</sup> Street, 11<sup>th</sup> Floor  
New York, NY 10001  
Fax: 212-868-2132**