

Be Our Lifesaver!



Enclosed is my Lifesaver Gift of: \$20 _____ (other)

Name: _____

Address: _____ City, State, ZIP: _____

Phone: _____ E-mail: _____

Your gift is tax deductible. Please make checks payable to The Arc of Stark County.

Check Visa MasterCard
(Please make checks payable to The Arc of Stark County)

Name on credit card: _____

Credit Card #: _____

Expiration Date: __/____

CVV Indicator (3 digit code on back of card) _ _ _

*Please return your donation
with this card to:
The Arc of Stark County,
Inc., 4450 Belden Village St.
NW, Suite 307, Canton,
Ohio 44718*