



Pathfinder Services, Inc.



DONATION FORM

Please accept my membership of:

\$30 (basic level of membership)

\$50

\$75

\$100

\$250

\$500

\$1,000

Other \$ _____

I/we wish to designate my/our gift to assist people who have developmental disabilities.

I/we wish to designate my/our gift to Kids KampusSM this year.

Name _____

Address _____

City _____

State _____ Zip _____ - _____

My/our check is enclosed.

Please charge my/our gift to VISA Mastercard

Card No. _____ 3 Digit Authentication Code _____

Signature _____ Exp. Date _____

I/we wish to pledge \$ _____

Please bill me/us 2X 3X 4X per year.

To receive information about including Pathfinder Services in your estate planning.



Please send completed form to: Pathfinder Services Inc.

Attn: Development Coordinator
PO Box 1001
Huntington, IN 46750

