

Work Place Giving Response Form

Workplace Campaign

Please send us information about your contribution to USARC through your work place.

- _____ California State Employees' Charitable Campaign
- _____ Combined Federal Campaign
- _____ Other Work Place Drive (Please specify _____)

Matching Gifts

_____ My employer will match my gift to USARC. Please send me a form for my employer.

Volunteer Recognition

_____ My employer recognizes employees who volunteer for non-profit agencies. Attached is information for USARC from my employer for Volunteer Recognition. Please send verification of my participation in USARC to my employer.

Thank you for your support

We greatly appreciate your support of USARC and wish to recognize your donations.

Name: _____

Address _____

City _____ **State** _____ **Zip Code** _____

Email Address _____

Employer _____

Please return this Form to USARC by **Fax** or **Mail**

United States Adaptive Recreation Center

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