

RESPONSE FORM

___ YES, I would like to challenge the system and society to achieve positive changes in people's lives!

Please designate my tax-deductible contribution to DRW's work on behalf of:

- ___ Area of greatest need
- ___ Individual Rights in Community Services & Institutions
- ___ Civil Rights & Special Education
- ___ Training for Individuals, Families & Professionals

___ Enclosed is my check for: \$ _____ (Please make check payable to Disability Rights Wisconsin)

___ Please charge my (circle) MasterCard/Visa. Charge Card # _____

Expiration Date: _____ Signature _____

___ Please contact me about a gift of appreciated stock.

___ I am making a charitable contribution of \$500 or more and would prefer a pledge payment plan as indicated here. (Pledge payments may be made in 4 installments or less within the same calendar year for contributions of \$500 or more.)

Month/Year _____	Month/Year _____	Month/Year _____	Month/Year _____
Amt. _____	Amt. _____	Amt. _____	Amt. _____

___ My employer has a Matching Gift Program. The form is enclosed.

_____ (Please complete the information below) _____

Name _____ Phone: _____ Email _____

Address _____ City/State _____ Zip _____

*Gift Category:

- ___ Ally under \$50
- ___ Advocate \$250-\$499
- ___ Friend \$50-\$99
- ___ Champion \$500-\$1,000
- ___ Partner \$100-\$249
- ___ Other \$ _____

___ Memorial/Tribute/Commemorative Gift for: _____

___ Please contact me about including the Disability Rights Wisconsin in my estate plans.

All donors will receive the DRW Annual Report and Legislative Alerts.

PLEASE MAIL THIS FORM WITH YOUR DONATION TO: DISABILITY RIGHTS WISCONSIN,
131 WEST WILSON ST., SUITE 700, MADISON, WI 53703

Thank you for your generous support!