



2121 Hubbard Ave.
Decatur, IL 62526
p. 217.875.1910
www.maconresources.org

I support MRI's mission of building meaningful lives. Enclosed is my tax deductible donation.

- \$1,000
- \$500
- \$250
- \$150
- Other: \$ _____

Upon completion, please mail this form to:

MRI
Attn: Rachel Moran
2121 Hubbard Ave.
Decatur, IL 62524

Donor Information

Name: _____
 Address: _____
 Email: _____ Phone: _____
 Yes, I would like to sign up for MRI's e newsletter!

Additional Information

- I prefer to remain anonymous
- This gift is in memory of _____.
- This gift is in honor of _____.

Please use my gift for

- | | | |
|---|--|---|
| <input type="checkbox"/> MRI's greatest need | <input type="checkbox"/> CAPS | <input type="checkbox"/> Kid's Connection |
| <input type="checkbox"/> Developmental/Vocational | <input type="checkbox"/> Community Living Services | <input type="checkbox"/> Endowment Fund |
| <input type="checkbox"/> Bright Start | <input type="checkbox"/> VISIONS | <input type="checkbox"/> Discovery Depot |
| <input type="checkbox"/> Our Voice Through Art | <input type="checkbox"/> Speech/Autism Services | <input type="checkbox"/> Parent's Night Out |
| <input type="checkbox"/> Adult Social Skills | <input type="checkbox"/> Other _____ | |

Payment Information

- Check number: _____. Please make checks payable to MRI.
- Please charge my credit card.

Card Holder's Name: _____
 Credit Card Number: _____
 Expiration Date: _____ Security Code: _____

In Kind Donation

Estimated Value: \$ _____
 Description of Donation: _____