

Support me as I participate in the Abilities United Aquathon!

Participant's Name _____

Team/Company Name _____

Yes! I will make a contribution to help Abilities United and those they serve.

\$500 \$250 \$100 \$50 \$25 Other Amt: _____

Please make your checks payable to Abilities United

Donor Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Business Phone _____

Email _____

Thank you so much for your contribution!

Mail this form and your check to:

**Abilities United
Attn: Aquathon
525 E. Charleston Rd.
Palo Alto, CA 94306
(650) 494-0550
Aquathon@AbilitiesUnited.org**

Increase the value of your gift by participating in your company's matching gift program.
Please check with your company for their procedures regarding matching gifts.

