
GIFT COUPON

Your support of MOVE can make a powerful and life-changing experience for children and adults with disabilities and their care givers. Every gift makes a difference. Thank you for giving.

Name: _____

Address: _____

Phone: _____ E-mail: _____

My/Our Support Level:

- | | |
|--|--|
| <input type="checkbox"/> Founders' Club | <input type="checkbox"/> Trainers' and Providers' Club |
| <input type="checkbox"/> Millennium Club | <input type="checkbox"/> Butterfly Club <input type="checkbox"/> Foundation Club |
| <input type="checkbox"/> Chairman's Club | <input type="checkbox"/> Century Club |

Please send me information on the following: _____

This gift will be paid:

All at one time (gift enclosed)

Visa MasterCard American Express

Acct. No.: _____ Exp. Date: _____

In installments: _____

Gifts of \$ _____ Semiannual Quarterly Monthly

Starting Date: _____

Please send a reminder of each gift installment.

I am sending securities.

My gift will be matched by: _____

(Please send the form soon.)

Please send me information about including MOVE in my will.

PLEASE MAKE CHECKS PAYABLE TO: MOVE International, 1300 17th Street - City Centre, Bakersfield, CA 93301-4533