



Planned Giving Donation Form

Your Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Please check if you wish for your gift to remain anonymous?

My donation of \$ _____ is enclosed. Please make checks payable to The ISAAC Foundation.

My gift is in Honor Memory of: _____

Would you like the ISAAC Foundation to send a letter notifying this individual or family of this gift?

(Your identity will remain anonymous if specified above.)

Yes No

Address: _____

City: _____ State: _____ Zip: _____

My company participates in a matching gift program. (Please attach matching gift form.)

Please apply my gift toward:

- | | | |
|--|---|--|
| <input type="checkbox"/> Area of Greatest Need | <input type="checkbox"/> Floortime (Play-based) Therapy | <input type="checkbox"/> Therapeutic Listening |
| <input type="checkbox"/> Speech Therapy | <input type="checkbox"/> Relationship Develmt. Therapy | <input type="checkbox"/> Interactive Metronome |
| <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Therap. Riding/HIPPO Therapy | |
| <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> Neuro/Bio Feedback Therapy | |
| <input type="checkbox"/> Behavioral Therapy | <input type="checkbox"/> Graduate Student Assistance | |

Unspecified gifts are applied to the area of greatest need.

Signature: _____

Date: _____