



Individual Donation Form

**Your donations are critical to our ability to
protect and advance the rights of people with disabilities.**

Contribution Suggestions (please select one):

- | | |
|--------------------------------|--------------------------------------|
| <input type="radio"/> \$ 35.00 | <input type="radio"/> \$200.00 |
| <input type="radio"/> \$ 50.00 | <input type="radio"/> \$250.00 |
| <input type="radio"/> \$100.00 | <input type="radio"/> \$500.00 |
| <input type="radio"/> \$125.00 | <input type="radio"/> Other \$ _____ |

Name: _____

Street Address: _____

Town, State, Zip code: _____

Phone: _____ email: _____

Please mail to:

Morna Murray, Executive Director
Disability Rights Rhode Island
33 Broad Street, Suite 601
Providence, RI 02903

**We thank you for your support on behalf of
Disability **Rights** Rhode Island and the people we serve.**