



Donation Form

YES! I want to support Woods Services by making a gift to Woods Greatest Need! I want to contribute the following amount to Woods:

\$5,000 \$2,500 \$1,000 \$500 \$250 \$100 \$50 \$25 Other \$ _____

Contact Information

Name _____

Mailing Address _____

City _____ State _____ Zip _____

Email Address _____

Home Phone _____

Business Phone _____

I have included Woods in my will or estate plans.

I would like information about including Woods in my will or estate plans.

My employer will match my gift (please send us the completed matching gift form)

I am interested in receiving email communications from Woods.

Credit Card Information

Please bill my: American Express Discover MasterCard VISA

Name on Account: _____

Account # _____

Expiration Date ____/____ (Mo/Yr) CVV Number _____

Signature _____

You have not received any goods or services and your gift is tax deductible to the extent allowed by law. Please make your check payable to **Woods Services** and return this form to:

Woods, c/o Development Office
P.O. Box 36
Langhorne, PA 19047-0036
www.woods.org



EMOTIONAL & BEHAVIORAL CHALLENGES



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