



ARC Foundation of Clinton County
Annual Campaign

Campaign Volunteer: _____

Name: _____

Phone: _____

Address: _____

Organization: _____

\$1,000 \$500 \$250 \$100 \$50 \$25 \$ _____

Enclosed is my donation of \$ _____, payable to the ARC Foundation.

Please charge my gift of \$ _____, to my Visa MasterCard

Account Number: _____ Signature: _____ Exp. Date: _____

Do you wish to have your name listed as a donor of the Foundation: Yes No

ARC Foundation of Clinton County, P.O. Box 1512, Plattsburgh, New York 12901 (518) 563-0930