

## **CASH DONATION:**

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**Yes, I/We want to help!** Your cash donation will support and provide the adults and children with mental retardation and other disabilities with the resources and opportunities they need to achieve brighter and successful futures.

### **Enclosed is my/our donation of (Please check one):**

**\$1000**

**\$250**

**\$50**

**\$15**

**\$500**

**\$100**

**\$25**

**\$\_\_\_\_\_ (other)**

### **Contact Information**

Name:\*

Address:

City:

State:\*

Zip:\*

Phone:\*

Fax:

Email:

*\*Mandatory fields*

**Make Check Payable To: Delta Projects, Inc.**

**Delta Projects Inc. Federal ID number: 04-2584547**

Signature:\*

Date:\*

**Print and Mail along with your donation to:**

Delta Projects Inc., 123 Highland Avenue, Needham, MA 02494 TEL: 781-449-8545 FAX: 781-449-8544

# **Thank you!**

**Delta will send confirmation for your TAX-DEDUCTIBLE contribution.**