

**SMILE Center for Independent Living –
Services Maximizing Independent Living & Empowerment
1929 South Arizona Avenue Suite 11
Yuma, Arizona 85364
Phone: 928-329-6681, Fax: 928-329-6715
www.smile-az.org**

Voluntary Donation Information

Date: _____

Name: _____

Address: _____

City, State, Zip Code: _____

Phone Number: _____

Donation Amount: _____ (Cash ____ / Check ____)

For: ____ **Restricted (If restricted, please select one of the following programs)**

____ **Core Programs**

- Information and Referral
- Peer Support
- Life Skills Training
- Advocacy
- Transition Services

____ **Other Programs**

- Home Modification
- Fundraising
- Operating Costs. Etc.

____ **Unrestricted**

I am providing a voluntary donation to SMILE Center for Independent Living for the program(s) selected. I understand that SMILE is a nonprofit 501 C(3), recognized by the State of Arizona as a Qualifying Charitable Organization (QCO Code 20892).

____ **I am requesting to be acknowledged**

____ **I am requesting to remain anonymous**