



The  
**Bridges** Foundation

*Connecting people with unique capabilities to employment opportunities.*

*I would like to partner with Bridges to increase the quality of life for people with developmental disabilities by providing vocational and life skills training.*

***I would like to give at the following level:***

- |  |          |
|--|----------|
| <input type="checkbox"/> Friend  | \$ 500   |
| <input type="checkbox"/> Tower   | \$ 1,500 |
| <input type="checkbox"/> George Washington   | \$ 3,000 |
| <input type="checkbox"/> Brooklyn  | \$ 6,000 |
| <input type="checkbox"/> Golden Gate   | \$10,000 |
| <br>   |          |
| <input type="checkbox"/> I am interested in making a one time contribution in the amount of \$ _____ |          |

***Join the Bridge Builders Guild by pledging to make a monthly contribution to Bridges..***

- I want to make a monthly donation of \$ \_\_\_\_\_

***Make my gift a tribute:***

- |   |   |
|---|---|
| <input type="checkbox"/> In Memory of...      | Family Name (for acknowledgement) _____ |
|   | Mailing Address _____                   |
|   | City _____ State _____ Zip _____        |
| <br>  |   |
| <input type="checkbox"/> In Honor of...       | Family Name (for acknowledgement) _____ |
|   | Mailing Address _____                   |
|   | City _____ State _____ Zip _____        |
| <br>  |   |
| <input type="checkbox"/> In Celebration of... | Family Name (for acknowledgement) _____ |
|   | Mailing Address _____                   |
|   | City _____ State _____ Zip _____        |

***Contact Information:***

Name: \_\_\_\_\_

Organization (if applicable): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Would you like to receive the Bridge Builders newsletter (3 issues)

Yes, by mail     Yes, by e-mail     No thanks

Please make checks payable to "The Bridges Foundation" or provide your credit card information below:

Card Type: \_\_\_\_\_ Number: \_\_\_\_\_

Name (as it appears on the card): \_\_\_\_\_ Exp Date: \_\_\_\_\_

V-Code: \_\_\_\_\_ Signature: \_\_\_\_\_

Please return to:  
The Bridges Foundation  
1345 North Lewis  
Tulsa, Oklahoma 74110