



## CHANGING THE LIVES OF STUDENTS WITH AUTISM

### I WANT TO JOIN THE PD PROMISE

#### CONTACT INFORMATION

Company Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_

#### PD PROMISE PARTNER INFORMATION

Please accept my partnership level:

- |  |   |
|--|---|
| <input type="checkbox"/> \$25,000 - PD Pillar Partner          | <input type="checkbox"/> \$7,500 - PD Silver Puzzle Partner |
| <input type="checkbox"/> \$15,000 - PD Platinum Puzzle Partner | <input type="checkbox"/> \$5,000 - PD Bronze Puzzle Partner |
| <input type="checkbox"/> \$10,000 - PD Gold Puzzle Partner     |   |

#### PAYMENT METHOD

- Enclosed check made payable to Potential Development in the amount of \$ \_\_\_\_\_
- Bill me via:  Mail  Email
- Scheduled Contributions:  
\$ \_\_\_\_\_ Monthly \$ \_\_\_\_\_ Quarterly \$ \_\_\_\_\_ Semi-Annually
- Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ 3 Digit Security Code: \_\_\_\_\_
- Visa  Mastercard  American Express  Discover

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Thank you for your support of Potential Development!**