

Circles of Support

2026 Commitment Form

Name _____ Email _____

Company/Organization _____

Address _____

City _____ State _____ Zip _____

For marketing materials please contact:

Name _____

Phone _____ Email _____

For invoice/finance department questions please contact:

Name _____

Phone _____ Email _____

We are proud to support the advocacy efforts of The Arc of Indiana by joining the Circles of Support.

We understand Circles of Support is by invitation only to a select number of organizations.

To secure my invitation, we would like to pledge our participation at the following level for 2026:

Mission Circle (\$25,000+) _____

Dream Circle (\$10,000 - \$24,999) _____

Ally Circle (\$5,000-\$9,999) _____

Friend Circle (\$1,000 - \$4,999) _____

Payment Options

Please send an annual invoice in 2026 in the month of: _____ for the amount of: _____

Please find the enclosed payment for 2026 of (amount): _____

Please send invoice(s) for 2026 on the following schedule (with timing and amounts): _____

Please mail or email completed form to:

The Arc of Indiana • 143 W. Market St. Suite 200 • Indianapolis, IN 46204 • aparker@arcind.org

