

## Great things happen when you give!

Your monthly pledge will help The Whole Person connect people with disabilities to the resources they need. With your help we can achieve our mission to provide vital programs in the Kansas City Metro Area.

## Advocates of Honor Monthly Giving Club

When you join The Whole Person's Advocates of Honor, you join a passionate group of people which donate monthly, immediately enabling us to provide support for vital programs which empower people with disabilities to live, work, and enjoy their lives with independence, opportunity, and dignity.

**As a member of our Advocates of Honor Giving Club, you will get recognition on our website, in our newsletter, in our annual report and in the program for our annual Gala.**

If you prefer to speak with us regarding our monthly giving club, contact **Ashley Frerking** at 816-214-9729, or [afreking@thewholeperson.org](mailto:afreking@thewholeperson.org). We have options that will allow you to be invoiced or choose your monthly giving date.



*Ian and Lindsey Denney with son Fletcher*

*"The Whole Person organization has become so near and dear to our hearts since finding out Fletcher is deaf. The work they do and the resources they provide for people with disabilities is beyond amazing. The Whole Family Project has introduced us to the Deaf community and so many incredible people as well as providing Fletcher with language from day number one. Our hearts are full of joy and we look forward to giving back for all we have been given." – The Denneys*

## I/We want to join the Advocates of Honor Giving Club!

I would like to donate:

- \$10 monthly\*       \$75 monthly\*  
 \$25 monthly\*       \$100 monthly\*  
 \$50 monthly\*       Other: \_\_\_\_\_

*\*Someone from TWP will contact you to discuss this arrangement.*

\_\_\_\_\_  
Name

\_\_\_\_\_  
Organization Name (if applicable)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip Code

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Phone Number

### PAYMENT METHOD:

\_\_\_\_ Please send an invoice to address listed above.

\_\_\_\_ Please charge my credit card on this date each month:

(for example, the 15th of each month) \_\_\_\_\_

Card Type (circle): MC / VISA / AMEX / DISCOVER

\_\_\_\_\_  
Card Number

\_\_\_\_\_  
Name on Card

\_\_\_\_\_  
Expiration Date (MM/YY)

\_\_\_\_\_  
CSC (3 or 4 digit code)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**You may contact us at any time to stop your monthly donation. Contact Ashley (phone and email to the left).**

**For more details about the Monthly Giving Club,  
or to make your donation online, visit:**

**[www.thewholeperson.org/honor](http://www.thewholeperson.org/honor)**