

2022 SPONSORSHIP OPPORTUNITIES

◆ **Frances A. Pizzola Universal Design Memorial Fund | Making the Future Accessible**

Support ATI's efforts to honor our late founder's legacy by contributing to local projects that improve community access for people with disabilities. Help us build a sustainable fund for decades to come!

- **Donate at any level:** \$100 \$250 \$500 \$1000 Other Amount \$ _____

◆ **ATI Technology & Education Initiatives | Agency Websites, Public Education Materials, & Access News**

Help ATI spread the word about Independent Living! Support our staff's work as they update our online and public presence to bring you the most current information about services and advocacy issues relevant to the disability community here in Cortland, statewide, and across the nation.

- **Donate at any level:** \$100 \$250 \$500 \$1000 Other Amount \$ _____

◆ **Cortland Run 4 All | A Community Collaboration**

Support ATI and our partner organizations by making this all-inclusive race possible for the second year in a row! Join us as we walk, run, and roll our way toward a community that is accessible for everyone.

- **Donate at any level:** \$100 \$250 \$500 \$1000 Other Amount \$ _____

◆ **Community Room / Computer Lab / Telehealth Room | Delivering Access For Everyone**

Help us continue to offer public access to our Community Room, computer lab, and fully accessible telehealth room for events, meetings, medical appointments, workshops, and more.

- **Donate at any level:** \$100 \$250 \$500 \$1000 Other Amount \$ _____

◆ **Mary E. Ewing Scholarship Fund for Independent Living | Young Leaders: The Next Generation**

Support the cost of providing a scholarship to a graduating seniors who emulate the spirit of Independent Living in each of Cortland's high schools.

- **Donate at any level:** \$100 \$250 \$500 \$1000 Other Amount \$ _____



Have a smartphone?
Scan code to donate online!

CONTACT / PAYMENT INFORMATION

Donor Name: _____		Organization: _____	
Address: _____		Phone #: _____	Email: _____
Payment Amount: \$ _____		Method: <input type="checkbox"/> Check Enclosed <input type="checkbox"/> Credit/Debit <input type="checkbox"/> Please Bill Me	
Payment Type: <input type="checkbox"/> One-Time <input type="checkbox"/> Recurring		If Recurring: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	
Card Type: _____	Card #: _____	Exp. Date: _____	CCV: _____
Donor Signature: _____		Date: _____	

Thank You for Making the Future Accessible for All People with Disabilities!