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- Monthly donation
- One-time donation

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- I will pay with a credit card.

Card#: _____ Exp. date: _____ CSC: _____

- Visa Discovery
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Billing Address: _____

City: _____ State: _____ Zip: _____

Your signature: _____ Date: _____

- I will pay with a check (please ensure all checks are made payable to MOVE Inclusive Dance).

Thank you for supporting our mission through your generous donation!

OPTIONAL INFORMATION

- I wish to have this gift remain anonymous.
- Please subscribe me to your electronic newsletter!

*MOVE Inclusive Dance is a tax-exempt public charity. EIN: 83-1963708
7657 Highway 70 South #101 Nashville, TN 37221*