

The Arc of Texas  
Master Pooled Trust  
8001 Centre Park Drive  
Suite 100  
Austin, Texas 78754  
1(800) 252-9729



## CONTRIBUTION FORM

Sub-Account Number: \_\_\_\_\_ Date: \_\_\_\_\_

Please allow 5-8 business days for processing.  
Incomplete forms will be returned to the Primary Representative.  
VISIT OUR WEBSITE TO DOWNLOAD THIS FORM.  
[www.thearcoftexas.org/trust-forms](http://www.thearcoftexas.org/trust-forms)

Please check here for change of  
address. Print new address on  
the back of this form.

Beneficiary's Name:

Primary Representative's Name:

Check Number	Amount
TOTAL	\$

Make Checks Payable To: The Arc of Texas, MPT, FBO [Beneficiary's Name]

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