



[www.TheProvidenceAcademy.com](http://www.TheProvidenceAcademy.com)

## Providing an Intensive Academic and Therapeutic Program To Children with Special Needs.

Providence means “**To Provide**”. This Not For Profit school provides a very unusual program to students who do not fit within the box of public or private school. Our students come to us with a variety of diagnoses including **High Functioning Autism, Pervasive Developmental Disorders, Asperger’s Syndrome, ADHD and Learning Disabilities.**

We have two campuses in Orlando, one on the east side of town and one on the west side. We serve children **Kindergarten through 12<sup>th</sup> grade**. Classes are limited to 9 children with a teacher and a teacher’s assistant. Instruction is done in very small groups of two or three students and is targeted to the specific needs of the child. Students also tend to require integrated services in the areas of Speech and Language, Occupational Therapy, Attention Training and/or Auditory Training, as well as Social Skills Development.

Our organization operates solely off of tuition and donations. We hope that we can count on your support, so **together we can create a bright future for these children** and help them become fully functioning and valuable members of society.

I will make a tax deductible contribution of

- \$20 \_\_\_\_\_
- \$50 \_\_\_\_\_
- \$100 \_\_\_\_\_
- \$500 \_\_\_\_\_
- \$1000 \_\_\_\_\_
- Sponsor a student’s tuition \_\_\_\_\_

I will donate:

- Computers, Monitors \_\_\_\_\_
- School Supplies \_\_\_\_\_

Name \_\_\_\_\_

Phone # \_\_\_\_\_

**For more information call 407-282-1006.**

**We thank you and the children thank you for your support!**

*The Providence Academy*

*Providing Intensive Academic Interventions and Therapies to Children with Learning Differences!*

**Donation  
Credit Card Authorization**

I, \_\_\_\_\_, authorize Providence Academy to charge my credit card. I have provided the Providence Academy with my Credit Card Number and Expiration Date for the following donation amount:

\$ \_\_\_\_\_

Name on credit card: \_\_\_\_\_

Billing Address : \_\_\_\_\_  
\_\_\_\_\_

Credit card number: \_\_\_\_\_

Credit card expiration date: \_\_\_\_\_

Credit card security code (3 or 4 digits on back of card): \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please supply your Email address and a paid receipt can be sent to you.

**We thank you and the children thank you for your support!**

**East Campus**

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**West Campus**

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