



# Family-Child Resources



**YES, I want to support the life-changing services and programs Family-Child Resources provides to the families and children in our community.**

**Please accept my gift of:**  \$50  \$75  \$100  \$250  Other \$ \_\_\_\_\_

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Please make checks payable to: **Family-Child Resources, Inc.**

We do accept MasterCard, Visa or Discover. To make your donation using a credit card please include the following information:

Credit Card: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Please designate my gift to the following program (please circle):

- ◆ Early Intervention
- ◆ Family Life
- ◆ Juvenile Justice
- ◆ *Where the need is the greatest*
- ◆ Other: \_\_\_\_\_

I would like to have my donation remain anonymous.

My gift is (circle one): In honor / In memory of: \_\_\_\_\_

My employer, \_\_\_\_\_, makes matching gifts; information is enclosed.

I would like information on how to include Family-Child Resources in my estate plans.

## THANK YOU

*All contributions are tax-deductible to the fullest extent allowed by law.*