

Community Partnership Campaign

Yes, I would like to ensure a child's future!

- | | |
|---|---|
| <input type="checkbox"/> Partner (\$5,000) | <input type="checkbox"/> Advocate (\$250) |
| <input type="checkbox"/> Guardian (\$2,500) | <input type="checkbox"/> Friend (\$100) |
| <input type="checkbox"/> Champion (\$1,000) | <input type="checkbox"/> Other \$_____ |
| <input type="checkbox"/> Mentor (\$500) | |

Payment Method

- Check payable to Family Services is enclosed.
- Charge card (*circle one*): Mastercard or Visa
Account #: _____ Exp. Date: ____/____/____

You may also make a secure payment on-line by visiting www.familyservicesnew.org/donations.html.

- I wish to make a pledge. Please send me an invoice for _____ (month), 2008.
- I will make a designation through my United Way contribution.

Thank you! All contributions are tax deductible.

Name: _____

Address: _____

City, State, Zip: _____

Email: _____

- I/we wish for my/our gift to remain anonymous.
- My company will match this gift and I have enclosed the appropriate forms.



**Family
Services**