

# 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/donate](http://www.familyservicesnew.org/donate).*

- I wish to make a pledge. Please send me an invoice.
- I will make my gift as 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**