



## FAMILY & CHILDREN SERVICES

### Donation Form

For your convenience, we also offer secure online giving: [www.fcservices.org](http://www.fcservices.org).

To donate by mail, please complete this form and return it to:

Family & Children Services  
Development Department  
375 Cambridge Avenue  
Palo Alto, CA 94306  
Phone 650-326-6576

**Yes!** I will help build stronger communities. I offer my tax-deductible support at the following level:

- |   |          |                                    |         |
|---|----------|------------------------------------|---------|
| <input type="checkbox"/> President's Circle | \$10,000 | <input type="checkbox"/> Supporter | \$500   |
| <input type="checkbox"/> Family Circle      | \$5,000  | <input type="checkbox"/> Friend    | \$250   |
| <input type="checkbox"/> Benefactor         | \$2,500  | <input type="checkbox"/> Associate | \$100   |
| <input type="checkbox"/> Patron             | \$1,000  | <input type="checkbox"/> Other:    | \$_____ |

**Your Information:** Name \_\_\_\_\_  
 Telephone \_\_\_\_\_ Email \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Today's Date \_\_\_\_\_

- My check payable to Family & Children Services is enclosed.
- Charge my gift to my Visa or Mastercard: Account # \_\_\_\_\_  
 Name as it appears on card: \_\_\_\_\_  
 Exp. Date: \_\_\_\_\_ Billing zip code: \_\_\_\_\_  
 Signature: \_\_\_\_\_

#### Special Instructions:

- Pledges: Bill me or charge my credit card \$\_\_\_\_\_ on a  monthly  quarterly basis for a total annual gift of \$ \_\_\_\_\_.
- I would like my gift to remain anonymous.
- I would like my gift to be in honor / in memory of \_\_\_\_\_.  
 Send a card acknowledging my gift to (name and address): \_\_\_\_\_  
 \_\_\_\_\_
- I would like information about bequests, making a gift to the Endowment Fund, or contributing real estate, stock, or securities.

Thank you for your partnership!