

Family Service Society, Inc.

Donation Form

Name _____ E-mail _____

Address _____

City/State/ZIP _____ Tel: _____

I will give: \$ _____

Make checks payable to Family Service Society, Inc.

- | | | |
|-------------------------------------|----------|---------------------------------|
| <input type="checkbox"/> Mastercard | Mail to: | Family Service Society, Inc. |
| <input type="checkbox"/> Visa | | 101 S. Washington St. Suite 200 |
| | | Marion, IN 46952 |

Credit Card # _____

Exp. Date: ____ ____ ____ Security Code* ____ ____ ____

*the code is the last three numbers found on the signature strip

Signature _____

Your donation is tax deductible

Please use my gift for:

Please make my gift:

___ The greatest need

In memory of: _____

___ Clinical Services

In honor of: _____

___ Hands of Hope/Domestic Violence Services

___ Healthy Families/Cradle School/Children's Services

___ Lisa's Giving Smiles Fund

___ Relatives As Parents Program/Family Support

___ Rev. Andrew Schramm Fund

For more information call 765-662-9971 or visit famservices.com