

CIRCLE OF HOPE.
AN ENDOWMENT



Yes, I am pleased to support Family & Children Services'
Circle of Hope Endowment

Name: _____

Address: _____

I/We pledge a total of \$ _____ via: check credit card other

Card #: _____ Expiration Date: _____

This gift will be paid: now monthly quarterly annually

In the following schedule: _____

Please provide pledge notice: quarterly annually

Gift will be matched by: _____ form enclosed
 form forwarded

Can we include your name in our annual report? Yes No, I/We wish to remain anonymous.

Please indicate how you would like your name to be listed: _____

This gift is made in honor of: _____

in memory of: _____

Send honor/memorial card to: _____

Please make checks, corporate matches, or other gifts payable to: Family & Children Services.

For further information please contact:

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