

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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