



Building Healthier Relationships

Name: _____
Business / Organization: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Email: _____ Phone: _____

Enclosed is my check as a gift in the amount of \$ _____

I authorize FSI to charge my gift of \$ _____ to my Visa MasterCard
Card Number: _____ Expiration Date: ____/____

I sent in my gift via PayPal on (Date) _____ Amount of Gift: _____

I would like to make this gift in memory of _____

I would like to make this gift in honor of _____

Is the person being honored to be notified of this gift Yes No

If "Yes" What is their address? _____

City: _____ State: _____ Zip Code: _____

Creating Stronger Communities

- I am interested in receiving more information about Family Services Incorporated.
- I am interested in learning more about volunteering with Family Services Incorporated.
- I am interested in Family Services Incorporated presenting a program to a business or organization.
- I am interested in taking a tour of the facilities operated by Family Services Incorporated.
- I am interested in other investment / sponsorship opportunities with Family Services Incorporated.
- I am interested in becoming involved on a committee for Family Services Incorporated.

Family Services Incorporated

All gifts are tax deductible and will be acknowledged.

The official registration and financial information of Family Services Incorporated may be obtained from the Pennsylvania Department of State by calling toll free, 1-800-732-0999.

Registration does not imply endorsement.