

Enclosed is my gift of:





## Your gift builds stronger families.

	, ,	•			
\$1	,000	\$500	This gift is in:	Honor/celebration	Memory
\$100		\$35	of		
			Please notify		
Oth	ner amount \$		Email		
Donor	Informat	ion:			
Name Spouse/partner name					
I/we prefer to remain anonymous.					
Mailing address					
City Type:	Home	Business		State	Zip
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Email					
Employer Matching Gift Program:  Your gift may be doubled if your employer participates in a matching gift program.					
My matching gift has been initiated with my company.					
My employer's matching gift form is enclosed.					
Company name					

## Payment Options:

Please make your check payable/mail to: Families and Schools Together, Inc. 1511 Furseth Rd, Stoughton, WI 53589

## **Credit Card**

Please charge my gift to my credit card.

Mastercard Visa

**American Express** Discover

Cardholder name as appears on card

Card number

Expiration date (MM/YYYY) Security Code

Cardholder signature

Please send me information and updates on Families & Schools Together via email.

I am interested in supporting Families & Schools Together with a major gift. Please contact me to discuss my area of interest.

I have included Families & Schools Together in my estate plan.

## Give online at familiesandschools.org

Families & Schools Together, Inc. is a non-profit 501(c)(3) organization. Your gift is tax deductible to the full extent of the law.









