

Family Sunshine Center Annual Giving

I will help the possibilities be realized in someone's life!

Organization Name _____

Individual Name _____ Birthdate (mm/dd/yy) _____

Address _____

City _____ State _____ Zip _____

Phone: (____) _____ FAX: (____) _____ email: _____

(Please complete all information to help us keep our files accurate. All personal contact information is kept confidential.)

My employer will match my donation: Yes No

If yes, please provide employer information: Company name including contact person, full address, phone, FAX and email: _____

I am happy to make this pledge for 1 year 2 years 3 years 4 years 5 years:

\$25,000 \$10,000 \$5,000 \$1,000 \$500 \$250 other _____

To be paid: monthly quarterly bi-annually annually

Please send reminder.

I wish to remain anonymous

Please use this gift:

where the need is greatest other _____

If you would like your gift to be in remembrance of someone, please complete the following:

In memory of In honor of

Name _____

Please send remembrance card to:

Name _____

Address _____

(Notification of gift is sent immediately. The amount is confidential)

*Please make check payable to the Family Sunshine Center.
Designate your donation to "Annual Giving" on the check memo line.*



For information about other gift opportunities, call 334.206.2100