



**PACT PARENTS AND CHILDREN TOGETHER**  
A FAMILY SERVICE AGENCY

**FOR OFFICE USE ONLY**

Code: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Original Copy to Community Relations  
 Copy to Fiscal Office       Copy to Program

**Yes!** I want to promote and support healthy individuals, families and communities by creating opportunities for them to identify and address their own strengths, needs, and concerns and successfully realize their potential.

Date of Contribution: \_\_\_\_\_ Was Contribution Solicited?     Yes     No

Type of Donation:     Monetary                       In-Kind                      If Yes, how? \_\_\_\_\_

Donation Amount:     \$1,000     \$500     \$250     \$100     \$50     Other \$ \_\_\_\_\_

Comments: \_\_\_\_\_

Organization: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City / State / ZIP: \_\_\_\_\_ Phone: \_\_\_\_\_

**Monetary Donation Information**

Check # \_\_\_\_\_ (payable to **Parents And Children Together**)

Please bill my:             VISA     AMEX     MasterCard

Credit Card Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

**In-Kind Donation Information**

Item Value \$ \_\_\_\_\_

Item Description:

**Subscribe to Our E-Newsletter**

**Yes!** I would like to receive e-mail updates about PACT's work.

My email: \_\_\_\_\_

*Your gift is tax-deductible and makes a huge difference in our community! Thank you for your support!*