



give HOPE

ANNUAL FUND

Yes! I can make a difference!

Name _____
Address _____
City _____ State _____ Zip _____
Email _____

Please accept my gift of:

➤ Join The 1854 Society with a gift of:

_____ \$20,000 (Visionary)

_____ \$10,000 (Leadership)

_____ \$5,000 (Guiding)

_____ \$2,500 (Partner)

_____ \$1,000 (Supporter)

➤ Become a donor to Family Services with a gift of:

_____ \$500

_____ \$250

_____ \$100

_____ \$ _____

➤ Make a lasting impact with a monthly gift of:

\$ _____

* you may also set up a recurring gift online by visiting: FSMV.org/giving

Payment method:

___ I have enclosed a check payable to: **Family Services of the Merrimack Valley**

___ Charge my: ___ VISA ___ MasterCard

Card# _____ Exp Date _____ CVV# _____

___ My employer matches charitable gifts

___ I wish to remain anonymous