



YES! I want to help children and families reach their full potential

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## Donor Information

Name \_\_\_\_\_

Address \_\_\_\_\_ City/St/Zip \_\_\_\_\_

Email \_\_\_\_\_

## Gift Information

Please accept my gift of: \_\_\_\$1,000 \_\_\_\$500 \_\_\_\$250 \_\_\_\$100 \_\_\_\$50 \_\_\_ Other

I would like to make a recurring monthly gift of \$: \_\_\_\_\_

I have enclosed my check payable to Family Services of the Merrimack Valley

Please charge my \_\_\_\_\_ VISA \_\_\_\_\_ MasterCard

Account # \_\_\_\_\_ Expiration Date: \_\_\_\_ / \_\_\_\_ Security Code: \_\_\_\_\_

Name on Card (please print) \_\_\_\_\_

My company matches charitable gifts

I wish to remain anonymous

## Gift Designation

Please designate my gift for:

Where it is needed most

Youth Mentoring

Samaritans of Merrimack Valley

The CASA Program

Please make all checks payable to Family Services of the Merrimack Valley and mail to:  
430 North Canal Street, Lawrence, MA 01840

Questions? Call the Development Department at: 978-327-6639 or email [lhowe@FSMV.org](mailto:lhowe@FSMV.org)