

Personal Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: _____

Donation

I would like to support the Human Services Council with a gift of \$ _____

 \$50 Friend \$750 Patron \$100 Supporter \$1,000 Leadership Circle \$250 Advocate \$2,500 Championship Circle \$500 Benefactor

Special Instructions _____

If your employer has a matching gift program, please be sure to ask if your company will match your contribution then enclose the appropriate form.

Payment

 Visa Discover Mastercard Check enclosed, payable to
Human Services Council American Express

Credit Card No: _____

Expiration Date: ____/____ Security Code: _____

Name of Cardholder: _____

Signature: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

The Human Services Council is a 501(c)(3) not-for-profit organization.

All donations are tax deductible to the fullest extent allowed by the law.