



Family Promise
71 Summit Avenue
Summit, NJ 07901

Thank you for your generous support. Please print and mail this completed form with you check or credit card information to the address above.

Questions? Please call us at 908-273-1100.

Please use my gift to provide shelter, meals, and support services to help homeless and low-income families achieve lasting independence.

\$50 \$100 \$500 \$1,000 \$2,500 Other _____

You can double your gift by sending us your employer's Matching Gift form.
All contributions are tax deductible.

I want to support Family Promise through a recurring gift of \$ _____ per month.

Send me information on planned giving or making a gift of securities.

Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Email _____

My check payable to Family Promise is enclosed.

Please charge my credit card: Visa MasterCard American Express

Card Number _____ Expiration Date _____/_____/_____

Signature _____

You can also visit us at www.familypromise.org to make a secure credit card payment online.