



Family Promise
71 Summit Avenue
Summit, New Jersey 07901

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

Family Promise EIN # 52-1591461.

Please use my gift to provide support for families facing homelessness.

Gift amount: \$ _____

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

___ Double my dollars! My employer has a Matching Gift program:

Company Name _____

(Please include your employer's Matching Gift form.)

Name/Contact _____

Organization (if applicable) _____

Address _____

City _____ State _____ Zip _____

Email _____

___ My check payable to *Family Promise* is enclosed.

___ Please charge my: Mastercard Visa AMEX

Card Number _____

Expiration _____ CVV _____

Signature _____

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