



Yes! I want to change lives!

\$50 **buys** clothing and supplies for a homeless child • \$100 **provides** parenting support for a family
\$250 **gives** a field trip to a classroom of homeless children • \$2,000 **prevents** a family from becoming homeless

My gift will total ___\$1,000 ___\$500 ___\$250 ___\$100 ___\$50 Other \$ _____

___ My check is enclosed, payable to **Wellspring Family Services**.

___ Debit my bank account. Voided check enclosed.

___ Charge my credit card Visa Master Card American Express Discover

Credit Card # _____

Exp. Date _____ Name on Card _____

___ Charge full amount now

___ Divide into payments: Monthly (12) Quarterly (4) Semi-Annual (2)

Signature _____

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____

Work Phone _____

E-mail _____

My employer *may* match this gift. My employer is:

I'd like to make this gift anonymously.

Please dedicate my gift:

In Honor In Memory

Name _____

Occasion _____

Please send acknowledgement to:

Name _____

Address _____

City _____ State _____ Zip _____

206.826.3050 • www.wellspringfs.org

Wellspring Family Services is a 501 (c)(3) tax exempt organization.
Tax ID 91-0567261. Your gift may be tax deductible.