

Please have each adult and Youth (grades 6-12) in your family fill out front and back of this generosity brochure

Name _____

Address _____

Cell Phone _____ Can you receive a text on this phone? ___ Yes ___ No

Home Phone _____ Work Phone _____

E-mail(s) _____

If you & your spouse/partner give/pledge together, only one spouse/partner needs to fill out this part.

Pick one of the following:

Weekly \$ _____ per week

Monthly \$ _____ per month

For a Total of \$ _____ annually

Name: _____

Can Relate to: _____

Is Passionate About: _____

Wants to Make A Difference By: _____

