



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](http://www.familypromise.org) to make a secure credit card payment online.*