



Family & Children's

A G E N C Y

9 Mott Avenue | Norwalk, CT 06850
(203) 855-8765
www.FamilyandChildrensAgency.org

Name _____
(Please print your name as you would like it to appear in the Annual Report.)

Email _____ Telephone _____

Address _____

City _____ State _____ Zip _____

Your donation, no matter the amount, has a positive impact on those in need.

\$5,000 \$2,500 \$1,000 \$500 \$100 \$50 Other \$ _____

American Express Discover Mastercard Visa Amount \$ _____

Card # _____ Expiration Date _____

Signature _____

Enclosed is my check made payable to "Family & Children's Agency"

My gift will be matched by _____

I would like to honor someone special by making a gift of \$50 or more.

Honoree's Name _____

Address _____

City _____ State _____ Zip _____

I have remembered Family & Children's Agency in my will.

Thank You For Your Generosity!

89¢ of each dollar you donate directly benefits Family & Children's Agency clients.