



Please mail or fax to: Families First Parenting Programs
9 Galen Street, Suite 400
Watertown, MA 02472
Phone: 617-868-7687 Fax: 617-744-6981

Enclosed is my gift of \$ _____

Name _____

Street _____

City _____ State _____ Zip _____

Telephone _____

E-mail _____

Check Mastercard Visa Amex Discover

Please make your check payable to Families First.

Card # _____

Expiration Date _____ CVV Code _____

Signature _____

Your gift is tax deductible to the fullest extent of the law.

\$10,000 Provides the Birth-3 and 3-8 *Power of Parenting* programs to one partner site

\$5,000 Brings one *Power of Parenting* program to one partner site

\$2,500 Funds a series of 7 workshops for parents

\$1,000 Helps parents connect with each other at two Parent Café discussion sessions

I would like to make my contribution:

Monthly

My company will match my gift

Company Name*: _____

In honor of _____

In memory of _____

Please notify: Name _____

Street _____

City _____ State _____ Zip _____

* Many companies match charitable gifts for employees or retirees, multiplying the impact of your gift. Please check your company's matching gift policy.

\$500 Supports two parents as they become community leaders

\$250 Equips 25 parents in shelters with workshop supplies and books for children

Other \$ _____
Every single gift is appreciated and makes a difference!

Thank you!