



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 _____

Signature _____

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

O \$10,000 Provides two full Power of Parenting programs in English and Spanish

O \$7,500 Helps bring formal training and incentives to Parent Leaders

O \$5,000 Helps provide one full Power of Parenting program for parents of infants and toddlers

O \$2,500 Helps parents build knowledge and skills during 5 Power of Parenting workshop 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 _____

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.

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

O \$500 Sponsors two parents to become Parent Leaders

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

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

Thank you!