



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 _____

Email _____

Check MasterCard Visa Amex Discover

Please make your check payable to Families First.

Card # _____ Exp Date _____

Signature _____

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

- \$10,000** Brings one Power of Parenting program to 10 parents with young children
- \$5,000** Guides 20 parents to become community leaders
- \$2,500** Provides approximately 45 hours of parenting education 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 _____

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** Compensates two Parent Leaders for their time
- \$250** Equips 15 parents with workshop supplies and books for children
- Other \$** _____
Every single gift is appreciated and makes a difference!

Thank you!