



Name: _____

Address: _____

City/State/Zip: _____ Phone: _____

Email: _____

- Yes, I would like to receive emails about your programs and activities
- Yes, I would like to receive the quarterly e-Zine Starting Now

I would like to make a donation in the amount of:

- \$25 \$50 \$100 \$250 \$500 \$1,000 OTHER _____

- I would like to automatically repeat this donation every month

Leadership Circle Donations

- \$2,500 – Silver Level \$5,000 – Gold Level \$10,000 – Diamond Level

- This is a donation in tribute of (fill in below: in honor of, in memory of):

I am paying by

- Check # _____ Visa MasterCard

Card Number: _____ Exp. Date: _____

Signature: _____

I would like my gift to be used:

- For one of the following:
 - Youth in Transition
 - Foster Care & Adoption Services
 - Unlimited Possibilities 4 Youth
 - Holiday Party for Foster & Adoptive Families
- Where it is needed most

**Please print and mail to: Extraordinary Families, 155 North Occidental Blvd. LA, CA 90026
Tax ID # 95-4440220**