

**Yes, I want to help *Pathways* continue service to participants facing the greatest challenge of their lives!**

Enclosed is my gift of:

- \$1,000   
  \$500   
  \$250   
  \$100   
  Other \$ \_\_\_\_\_  
 I would like my gift to be anonymous

Visa/MC Number																					Expiration Date	M	M	Y	Y
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*(Include below your name and address exactly as credit card is billed)*

- I would like to receive information about volunteering at Pathways.  
 I have contacted my employer regarding our corporate matching program

**Thank you for your gift. *Pathways* is a public charity with exempt status under section 501(c)(3) of the Internal Revenue code. All gifts are tax deductible as allowed by law.**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

This gift is:  In Honor of \_\_\_\_\_  In Memory of \_\_\_\_\_  
 (Please include name and address if you'd like us to send an announcement.)

Name of Family Member \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

