

## eGiving Form

Counseling resources with *family* in mind My check is enclosed in the amount of

	\$ payable to		If the amount of	
			Please	
Name			this box if you do not wish to	
Address			be on our mail- ing list for our newsletter.	
City	State	Zip	Please	
Telephone	Email (if you wish to receive	e our newsletter by email)	check if you do	
My gift is in N	Memory or in Honor of		not wish to receive any	
Please send an	n acknowledgement to:		fundraising communica- tions from us.	
Name				
Address			Your request for privacy is important to	
City	State	Zip	us.	

Note: We will acknowledge your gift without stating the amount.

## Please print and mail to:

Family Connections, Inc. P.O. Box 348 Colliers, WV 26035 304-527-3303