Yes! I want to help St. Paul families!

Amount of Gift: ☐ **$50** ☐ **$75** ☐ **$120** ☐ **$500** ☐ **$1,000** ☐ **Other**_____

☐ **Yes, I would like to help children and families year-round! Make my gift monthly.**

Visa/Mastercard/Amex#:_____Exp. Date:_____/_____

Signature:_____Date:_____

☐ My gift will be matched by:_____

I am making my gift: ☐ In Memory of:_____

(Please provide notification information on the back.)

☐ In Honor of:_____

Preferred Phone:_____Email:_____

☐ I have provided for Neighborhood House in my estate plans.
☐ I wish to remain anonymous to the public.
☐ I'm interested in adding Neighborhood House into my estate plans.

Neighborhood House

Name
Address
City, State ZIP

CODE
CONS ID

Please share with us which Neighborhood House programs are most meaningful to you.

- ☐ Food Support
- ☐ Family Centers
- ☐ Housing Stability
- ☐ Parent and Early Childhood Education
- ☐ Youth Programming
- ☐ Adult Education

Tell us more...

_____

_____

_____

In Memory of gift information (as requested on the front):

_____

_____

_____