



Enclosed is my check in the amount of \$ _____

Please make checks payable to the Human Services Council

Please charge my credit card \$ _____

CC Number _____

Exp. Date _____ 3 or 4 Digit Security Code _____

Billing Address _____

City _____ State _____ Zip _____

To donate on-line please visit www.hscct.org

The Human Services Council is a 501 (c) (3) not-for-profit organization.

All donations are tax deductible to the fullest extent allowed by law.



**HUMAN
SERVICES
COUNCIL**

Yes! I would like to make a contribution in support of the Human Services Council.

Name _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

- Child Abuse
- Substance Abuse
- Medical / Mental Health
- Mentoring
- Volunteering

___\$50 Friend

___\$100 Supporter

___\$250 Advocate

___\$500 Benefactor

___\$1,000 Leadership Circle

___\$2,500 Championship Circle

If your employer has a matching gift program, please be sure to ask if your company will match your contribution, then enclose the appropriate form.