



Yes! I want to help PFCS.

Enclosed is my contribution of:

\$50 \$100 \$150 \$250 \$500 Other _____

Name: _____

Address: _____

City: _____ State _____ Zip _____

Phone: _____ Email: _____

Please bill my credit/debit card :



Name on Card: _____

Billing Address: _____

City: _____ State _____ Zip _____

Credit Card No: _____ Expires: _____ CVV Code _____
(found on back of card)

This Contribution: _____

Is in memory/honor of: _____

On the occasion of: _____

Please do not list me in your annual report as a donor.

Please notify the following of this contribution:

Name: _____

Address: _____

City: _____ State _____ Zip _____

Phone: _____

Your gift to Personal & Family is tax deductible as allowable by law.

**Please make checks payable to:
Personal & Family Counseling Services
1433 Fifth Street, NW
New Philadelphia, Ohio 44663**