

I have pledged:

\$ _____

- Monthly
- Quarterly
- Twice per year

(Keep this portion for your records.)

Always In For Kids

Student success lasts a lifetime



Communities In Schools®

Kalamazoo

When you become part of **Always In For Kids**, you get:

- Monthly e-updates*
- First-hand opportunities to see your generosity at work
- Special recognition in our annual giving report
- Welcome packet with inspiring and informative information about the good work that your support enables

*Please be sure to opt in for the monthly e-updates on the reverse of this form.

PLEASE COMPLETE AND DETACH THIS REPLY FORM AND RETURN IT WITH YOUR GIFT. THANK YOU.

I'm joining **Always In For Kids**, the community of consistent supporters bringing resources to students.

STEP 1:

Please choose the amount of your recurring gift:

- \$100
- \$50
- \$25
- \$15
- \$10
- \$5
- \$ _____ (other)

STEP 3:

Enclose and mail your first recurring gift with this form.

- I prefer to give by credit card (please see back of form)
- I would like to honor someone special (please see back of form)
- I went online and set up my recurring donation by credit card or direct debit
- I am mailing my first check with this form

STEP 2:

Please choose how often you'd like to give the amount listed in STEP 1:

- Monthly
- Quarterly
- Twice per year

STEP 4:

Signature: _____

Please recognize my (our) contribution as being from: _____

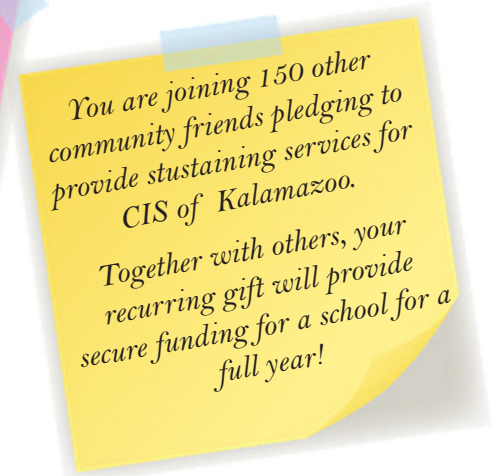
Please complete and return in pre-addressed envelope:
Communities In Schools of Kalamazoo
Attn: Kim Nemire, Director of Development
180 East Water Street, Suite 2000
Kalamazoo, MI 49007



**Communities
In Schools®**

Kalamazoo

Thank you for joining our mission of surrounding students with a community of support and sustaining the work we do by becoming a member of ***Always In For Kids.***



CREDIT CARD INFORMATION

By signing up with your credit card information, your recurring gift will be initiated on the date received with the frequency selected on your pledge (reverse side).

For recurring credit card or direct debit donations, please complete the below or visit: ciskalamazoo.org/donate

Card Number: _____ Exp. Date: _____ Security Code: _____

Name (as it appears on card): _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Signature: _____

Yes, please sign me up to receive monthly e-updates about my impact.

Yes, I would like to become a part of ***Always In For Kids***, and also make my scheduled gift in honor or memory of a loved one.

Name: _____

Please send notice of my gift to:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

I prefer not to become part of ***Always In For Kids*** now, but please accept this one-time gift of \$ _____

Please recognize my (our) contribution as being from: _____