



Family Counseling Service

Yes, I want to support Family Counseling Service and have enclosed my tax deductible gift!

Name _____

Address _____

City, State, Zip _____

Phone (____) _____ e-mail _____

I want to support Family Counseling Service's mission to help those in need of therapy, but are unable to afford expensive counseling through a gift:

\$25 \$50 \$75 \$100 Other Amount _____

Celebrate 108 years of service through the Founder's Society membership:

- One dollar for every year of service \$108
- Two dollars for every year of service \$216
- Five dollars for every year of service \$540
- Ten dollars for every year of service \$1080
- Polly Judd Scholarship _____

Gift in Memory/Honor of _____

Acknowledge Donation to

Please make checks payable to Family Counseling Service.

Credit Card payment: Visa MasterCard

Credit Card number _____ Expires _____

Signature _____

Please mail your donation to:
Family Counseling Service
1321 Trent Blvd., Bldg. 1
Lexington, KY 40517

An acknowledgement letter and official gift receipt will be sent to you for tax purposes.

I plan to include Family Counseling Service in my will. Please contact me.