

**I would like to support AHM Youth & Family Services, Inc.
by making a tax-deductible donation.**

____ Enclosed is my check for \$ ____ made payable to AHM Youth & Family Services.
check # _____

____ Please charge my credit card ____ VISA ____ MasterCard ____ Discover
Amount: \$ _____

Credit Card Number: _____

Expiration Date: _____ CVV Code: _____

Signature: _____

Please complete this form and mail to: AHM Youth & Family Services
25 Pendleton Drive ~Hebron, CT 06248

Name: _____
(Please print your name as you wish it to appear on any publications of donors.)

Complete Address: _____

Phone: _____ Cell: _____

Email Address: _____

Please apply \$ _____ to the General Fund.

Please apply \$ _____ to AHM Children's Trust Fund.

This gift is in honor of: _____

This gift is in memory of: _____

____ I wish to remain anonymous.

____ I would like to receive newsletters and event notices.

____ My gift will be matched by my employer. (enclosed is the form)

____ I would like to volunteer.

____ I would like to donate items or serve as a sponsor for your fundraisers.