

**Please Print, Fill out and Return to us!**

**Family Values Resource Institute, Inc.**

**My gift today is:**

\$1,000      \$500      \$250      \$100      \$50      \$ \_\_\_\_\_

Monthly Donation: \_\_\_\_\_

One Time Gift: \_\_\_\_\_

Please contact me about a gift other than those above \_\_\_\_\_

**Please Use My:**

Checking Account (Check Enclosed) \$ \_\_\_\_\_

**Please Use My:**      **One Time Gift:** \_\_\_\_\_      **Monthly:** \_\_\_\_\_

Visa      Master Card      American Express

Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_  
(required for processing)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Checks payable to:**

Family Values Resource Institute, Inc.  
Post Office Box 74403  
Baton Rouge LA 70874-4403

WHC is a 501c3 Tax-Exempt Organization —Tax ID # 72-1415039  
All Donations Are Tax Deductible to the Extent Allowed by Law

