

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

