



## **Gift Enclosure Form**

## **THANK YOU** for your support!

It is through your generous contributions that we will be able to make a deposit into the next generation.

Dr. Mr. Mrs. Ms.		
In honor of:		
Address:		
		Zip:
Employer:		Business Phone:
E-mail Address:		
Spouse's Name:		
Spouse's Employer:		
My orMy	spouse's employer partic	cipate in Matching Grants Program.
Enclosed is My Gift for: _	\$5,000 \$2,500	0 \$1,000 \$500
-	\$100 \$50	Other

Please make your check or money order payable to:

NDUTIME Youth & Family Services, Inc. P.O. Box 15808 Richmond, Virginia 23227

## DON'T FORGET YOUR MATCHING GRANT FORM

Gifts to NDUTIME Youth & Family Services, Inc., a 501 (c)(3) organization, are tax deductible as provided by the law.