



YES, I want to support Navos and help low-income children and adults with emotional and mental illness!

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Email: _____

This is updated contact information.

My/Our Gift :

\$100 \$250 \$500 \$1000

Other \$ _____

This is a one-time gift

This is a multi-payment pledge

I/We wish to pay my/our pledge over _____ months

Total pledge amount : \$ _____

Enclosed : \$ _____

Balance: \$ _____

***Please see reverse for payment
and other important information***

Signature: _____

(Please sign your card—not legally binding)

Thank you for your gift!



I Want to Get Involved

- Volunteer Time/Expertise - We always welcome people in our community who want to help!*
- Host a table at our Bigger Than Breakfast event - We would love to have you join us as a table captain in spring 2010.*
- I would like information about the Navos capital campaign—The Campaign for Navos!*

Payment Information

- My check is enclosed.
- Please charge my credit card:
 - Visa*
 - MasterCard*

Credit Card #: _____

Name on Credit Card: _____

Expiration: _____ 3-digit security code: _____

Employer Match

- My employer, _____, will match my gift. (I will mail in a matching)

Donor Recognition

Please use the following name(s) in acknowledgements:

-
- Please list my/our gift as ‘Anonymous’**

Contact Us

Share your ideas, thoughts, and recommendations with us.

Contact Alice Braverman at 206-933-7032 or

alice.braverman@navos.org

FOR OFFICIAL USE ONLY

Cash	Check #	Credit
Payment	Date	Auditor__