

**TOGETHER, we can make a difference in the lives of children in Androscoggin County!**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
E-Mail \_\_\_\_\_

- Please make my gift in memory of \_\_\_\_\_  
 Please make my gift anonymous  
 Please contact me about making a planned gift.

**GIVING LEVELS**

Advocates	\$1500 +
Benefactors	\$1000 - \$1499
Donors	\$500 - \$999
Contributors	\$250 - \$499
Supporters	\$100 - \$249
Friends	\$1 - \$99

**PAYMENT OPTIONS**

Check enclosed made payable to **Advocates for Children.**

Please charge \$ \_\_\_\_\_ to my  MasterCard  VISA

Account # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name on card (print) \_\_\_\_\_ Signature \_\_\_\_\_

**Thank you! Your contribution is greatly appreciated!**

All contributions are tax deductible.