



I would like to make a tax-deductible contribution in the amount of:

- \$50 \$100 \$250 \$500
 \$1,000 Other amount \$ _____

Name: _____
Address: _____

City: _____ State: _____ Zip: _____
Phone: _____ E-mail: _____

I would like to make a gift in honor or memory of someone

PFLAG will send a beautiful card in your name announcing your generosity. (Gift amounts will not be disclosed.)

- In Honor Of _____
 In Memory Of _____

Card Recipient's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

I am applying for a matching contribution from my employer

Employer's Name _____

Special comments or instructions: _____

Payment Information

- Check (payable to PFLAG) VISA MasterCard American Express Discover

Name on card: _____

Account number: _____ Exp. date: _____

- Check here if billing address is same as above.

Billing Address: _____

City: _____ State: _____ Zip: _____