



**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: \_\_\_\_\_