

**Teen Parent Connection
Contribution Form**

(please print out and send to address at bottom of page)

I/We would like to support Teen Parent Connection with a contribution of:

___\$25 ___\$50 ___\$100 ___\$250 ___\$500_____Other

Name _____

Address _____

City _____ State _____ Zip _____

Phone (Home) _____ (Business) _____

Email _____

Enclosed is my/our gift of \$ _____

_____ Check enclosed

_____ Please charge my donation to

___ Visa ___ MasterCard

___ AmEx ___ Discover

_____ Account #

My/Our company participates in a matching gift program. Company name _____

Please make this gift ___in honor or ___in memory of _____

I/We would like to acknowledge your gift to the family. Please include the name and address below: _____

I/We want to learn more about Teen Parent Connection's endowment program.

I/We want to learn more about including Teen Parent Connection in my/our will.

I/We we would like to receive information on organizational events.

Comments

Please send to form to:
Teen Parent Connection
Attention: Development
739 Roosevelt Road, Bldg 8, Suite 100
Glen Ellyn, IL 60137