



of Central Maryland

Guiding families. Strengthening communities.

I HAVE ENCLOSED A TAX-DEDUCTIBLE DONATION OF *(check one)*

\$1,000     \$500     \$250     \$100     \$50     Other \_\_\_\_\_

I AM PAYING BY

check, payable to *Family and Children's Services of Central Maryland or FCS.*

credit card, we accept  Visa *or*  MasterCard    exp. date \_\_\_\_\_    credit card # \_\_\_\_\_

My employer / my spouse's employer has a matching gift program.

Employer's name \_\_\_\_\_

DONOR INFORMATION

*Your name(s) will appear in our annual report as you write it here*

MR. / MRS. / MISS / MS. / DR. \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Do not list my name in your annual report.

*Please complete this form and mail to*

Development Office  
Family and Children's Services of Central Maryland  
4623 Falls Road  
Baltimore, MD 21209-4914

*Thank You!*