



Yes! I want to help children and their families succeed in school and in life. Enclosed please find my tax-deductible contribution of:

- \$5,000 – Yes, I will be a **Guardian** for one child!
- \$2,500 – Yes, I will be a **Guardian** for one mother!
- \$1,000 - Welcome to the **Guardians!**
- \$500 \$250
- \$100 \$50
- \$_____ Other

Enclosed is my check for \$_____ (payable to Mothers' Club Family Learning Center)

Please charge my total contribution of \$_____ to my credit card, **OR**

Please make 12 monthly deductions* from my credit card each in the amount of \$_____ (A pledge of \$85/month establishes you as a Guardian!)

Credit Card No. _____ Visa Mastercard Amex

Expiration Date ___/___ CVV2# _____ Authorized Signature: _____

Name _____

Address _____

City/State/Zip _____

Telephone _____ E-mail _____
(for Mothers' Club use only)

Name as you would like it to appear in recognition of your gift (if different from above):

**Monthly deductions are made on or about the 15th of each month unless otherwise instructed by donor.*

All donations are tax-deductible to the fullest extent of the law.

Please mail completed form to:
Mothers' Club Family Learning Center
980 N. Fair Oaks Avenue
Pasadena, CA 91103

Office: (626) 792-2687 Fax: (626) 793-1832