



**Little Brothers – Friends of the Elderly
A Gift of Hope**

Yes, I would like to support the mission of Little Brothers – Friends of the Elderly.

I am enclosing:

___ \$1000 ___ \$500 ___ \$250 ___ \$100 ___ \$50 ___ \$25

\$ _____ Other

___ I prefer to make Automated Check Withdrawals (enclose voided check)

\$ _____ Amount

___ I prefer to make monthly credit card gifts:

\$ _____ Amount

___ Visa ___ MasterCard ___ Discover ___ American Express

Card Number _____ 3 digit Sec Code _____

Expiration Date _____

Signature _____

My gift will be matched by my employer _____

This is a Tribute gift: In Memory of _____

In Honor of _____

Please send a notification card to:

Name:

Address:

City, State, Zip

MY NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

Primary Telephone _____

Email Address _____

___ I am interested in including LBFE in my will. Please send me information.

___ I would prefer that my gift remain anonymous.

___ I would like to learn more about volunteer opportunities.

Please return this form to:

Little Brothers – Friends of the Elderly
Attn: Janene Connelly
1295 Bandana Blvd., N – Suite 165
Saint Paul, MN 55108-5116