



# 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

**Please enroll me in the Among Friends Monthly Giving Club**

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 Security 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: Director of Development  
1845 East Lake Street  
Minneapolis, MN 55407