



Agape Community Center
MINISTRY HEALTH CARE

Sponsored by the Sisters of the Sorrowful Mother

YES, I would like to help make a difference at Agape Community Center. Enclosed is my tax-deductible contribution of:

\$100 – will provide four turkeys to families in need during the Thanksgiving holiday.

\$250 – will help keep our Bread of Healing Free Clinic open every Wednesday.

\$500 – will provide a child with warm, nutritious meals for an entire year.

\$750 – will cover the cost to host monthly Family Fun Nights for 50 families for an entire year.

\$1,000 – will provide over 900 hours of homework help and mentoring for four students every year.

Other Amount _____

My check, made payable to Agape Community Center, is enclosed.

Name: _____

Company: _____

Address: _____

City, State ZIP: _____

E-mail Address: _____

Phone Number: _____

Please list my gift as “anonymous”