



Agape Community Center
MINISTRY HEALTH CARE
Sponsored by the Sisters of the Sorrowful Mother

Enclosed is my/our gift:

___ **\$21** buys a subscription to a **youth magazine** for our library

___ **\$51** offers **childcare** to a mother who wants to be a regular participant in a parenting support group

___ **\$101** sponsors a **Family Fun Night** experience for 50 children and their parents

___ **\$151** provides ongoing **transportation** for our youth to volunteer at a nursing home

___ **\$251** ensures that a child will receive a hot, nutritious **dinner** five nights a week for an entire year

___ **\$501** has the power to provide a semester of **job-readiness training** and **mentoring** to teens who otherwise would lack goals and a plan to achieve them

___ **Other** (specify amount)

___ Please list my gift as **“anonymous”**

Gifts may be made in memory of or in honor of a family member or friend. ***Please enclose the names and addresses with your contribution in order for us to send acknowledgement(s).***

In Memory of: _____

Or

In Honor of: _____

Name: _____ Company: _____

Address: _____

City/State/ZIP: _____

Email Address: _____ Phone Number: _____

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