



**I AM ABLE
Center for Family Development, Inc.
2018 ANNUAL FUND & FRIEND RAISER
R.S.V.P. FORM**

Name _____

Address _____

City/State/Zip _____

Phone Number _____

Email Address _____

Adults: \$126-If paid by 4/26/18...\$150-After 4/26/18

Youth: \$46-If paid by 4/26/18....\$60-After 4/26/18

I WILL ATTEND (Please Check)

I am bringing _____ Adults _____ Children Under 12 _____

Please Choose a Meal: ___Chicken ___Salmon ___Veggie Lasagna

Enclosed is my Donation of \$_____ For _____ ticket(s)

I cannot attend, but here is my GIFT of \$_____

"Empowering Families, Building Communities"



DONATION OPTIONS

Give Online At: PayPal@www.iamable

If paying by Check or Credit Card:

Make payable to I AM ABLE and
Return in the Self-Addressed Envelope

My Check for \$ _____ is enclosed.
OR

Charge my credit card: (Call for Assistance: 773/840-8062)

Visa MasterCard Discover

Name as it appears on card

Account # _____

Exp. _____ CID _____

Signature _____

My Employer/Company has a Matching Gift Program.
Enclosed is my matching gift form.

Employer Name: _____

Your Gifts are Tax Deductible!