

Yes, I would be happy to contribute to the **FCS Family Campaign** in the following amount:

Family of Four **\$2,520**

Family of Three **\$1,680**

Couple **\$ 500**

Mom & Child **\$300**

One Child **\$125**

Other _____

Check Enclosed

Please bill me.

Please bill me on a monthly/quarterly basis

Name: _____ Phone: _____
(as you wish it to appear in reports of contributors)

Address: _____ Email: _____

City/Town: _____ State: _____ Zip: _____

Please mail to: FCS, 120 Washington Street, Suite 510 Watertown, NY 13601