



Sylacauga Alliance for Family Enhancement, Inc. Contribution Form

Please print this form and mail with your contribution.

_____ Yes! I want to contribute to Sylacauga Alliance for Family Enhancement, Inc.

I/we have enclosed a check in the amount of \$_____.
(Please make check payable to Sylacauga Alliance for Family Enhancement, Inc.)

_____ Other Gift Options

This gift is given in Memory of: _____.

I/we have enclosed a check in the amount of \$_____.
(Please make check payable to Sylacauga Alliance for Family Enhancement, Inc.)

This gift is given in Honor of: _____.

I/we have enclosed a check in the amount of \$_____.
(Please make check payable to Sylacauga Alliance for Family Enhancement, Inc.)

Please list the name(s) and address(s) of the individual(s)/family(ies) so we can send a contribution acknowledgement letter.

Name: _____

Address: _____

Name: _____

Address: _____

Mail Your Contribution to:

Sylacauga Alliance for Family Enhancement, Inc.
78 Betsy Ross Lane
Sylacauga, AL 35150

For more information please contact:

Karen Harris, Financial Director at 256-245-4343
or email at: kharris@safesylacauga.com

THANK YOU!