

*Your Gift will make a difference in a child's life.  
Please be generous.*

- |                                     |                    |                                      |                |
|-------------------------------------|--------------------|--------------------------------------|----------------|
| <input type="checkbox"/> Benefactor | \$2,000 and up     | <input type="checkbox"/> Friend      | \$100 to \$249 |
| <input type="checkbox"/> Patron     | \$1,000 to \$1,999 | <input type="checkbox"/> Donor       | \$50 to \$99   |
| <input type="checkbox"/> Sponsor    | \$500 to \$999     | <input type="checkbox"/> Contributor | up to \$49     |
| <input type="checkbox"/> Family     | \$250 to \$499     |                                      |                |
- Yes, my employer will match my donation. Company: \_\_\_\_\_

Your tax deductible check is payable to:  
**The Garden – A Center for Grieving Children and Teens**  
c/o Hampshire Regional YMCA  
286 Prospect Street, Northampton, MA 01060



**Yes, I want to offer my support to The Garden.**

name \_\_\_\_\_ company \_\_\_\_\_

street address \_\_\_\_\_

city \_\_\_\_\_ state \_\_\_\_\_ zip \_\_\_\_\_

home phone \_\_\_\_\_ work phone \_\_\_\_\_

I am making this donation: \_\_\_\_\_ in memory of \_\_\_\_\_

Please notify: \_\_\_\_\_ in honor of \_\_\_\_\_

name \_\_\_\_\_

street address \_\_\_\_\_

city \_\_\_\_\_ state \_\_\_\_\_ zip \_\_\_\_\_