

YES, I want to support seniors, low-income and immigrant families by donating to Family Bridges!

My contribution is for:	
□ \$1,000	□ \$500
□ \$250	□ \$100
□ \$50	□ Other \$
□ Hong Fook Adult Da □ Lake Merritt Child C	ms - please select from the following: y Health Care Centers Hong Lok Senior Centers Social Services eare Center Community Based Health Home - please select from the following:
□ Annual Fundraising (□ Christmas Senior Lu	Gala □ Benefit Concert uncheon □ Other Events:
Others:	
Contact Information	
□ Mr. □ Mrs. □ Ms. □ Dr.	(First Name)
	(Last Name)
Street Address	
City , State, Zip Code	
Telephone	
E-Mail Address	
Enclosed is:	
□ Check payable to Fam	ily Bridges, Inc. Mail to: 168 Eleventh Street, Oakland CA 94607
	Mastercard □ Discover □ American Express Exp. Date (mo./yr.):
Billing address if different	from above:
Name as it appears on card	d:
Signature:	