



Thank You for Caring

Yes, I want to help in the fight against hunger, homelessness, and helplessness in our town.

\$ _____ Use this gift where you need it most
\$ _____ For the Linda Robbins Emergency Care Fund
\$ _____ In Memory of _____
\$ _____ In Honor of _____

Please give me more information about the benefits of ...

- Non-cash gifts — stocks, real estate, art, jewelry.
- A gift to FSI that gives me a Lifetime Income.
- Including FSI in my will or living trust.
- BIG tax savings with the Montana tax credit.

Name _____

Address _____ City, State, Zip _____

Phone _____ Email _____

() Visa () American Express () Master Card () Any Debit Card \$ _____

Name _____ Address _____ Zip Code _____

Account Number

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Expiration Date

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(Month / Year)

Stock Transfer _____ Shares of _____ (please call (406) 259-2269 to enable transfer)

____ Please make checks payable to Family Service, Inc. P.O. Box 1020 Billings, MT 59103. Your contribution is tax deductible and sincerely appreciated.