



WANT TO HELP?

Please check the box (es) below that may be of interest to you

- | | | |
|--|--|---|
| <input type="checkbox"/> Mentor a child | <input type="checkbox"/> Babysit | <input type="checkbox"/> Maintenance (handy work) |
| <input type="checkbox"/> Collect in-kind donations | <input type="checkbox"/> Assist with holiday parties | <input type="checkbox"/> Christmas Wrapping |
| <input type="checkbox"/> Administrative support | <input type="checkbox"/> Assist with sorting donated items | <input type="checkbox"/> Other _____ |

Please provide:

Name: _____ Phone _____

Address: _____
Street City, ST, Zip

Email Address: _____

Mail to: 102 Pliny Street, Hartford, CT 06120

DONATED GOODS

Although we rely on donated items to help support those in our care, we are extremely limited in space. Before donating clothes, furniture, etc. please contact our **Volunteer & Donations Coordinator at (860) 549-1634**. If you are interested in **donating items listed below, please call (860) 549-1634**.

- | | | | | |
|-----------------------|-------------------|-----------------|-----------------------|------------------|
| • Cleaning Products | • Paper Towels | • Bed Pillows | Gift Cards to: | Other: |
| • Window Cleaner | • Paper Cups | • Sheets - Twin | • Stop & Shop | • Bus Passes |
| • Bathroom Cleaner | • Kleenex | • Dishes | • Walmart | • Postage Stamps |
| • Wood Cleaner | • Bathroom Tissue | • Pots & Pans | • Target Prepaid | • Phone Cards |
| • All Purpose Cleaner | • Garbage Bags | • Paper Plates | • Home Depot | |
| • Hand Sanitizer | • Baby Wipes | • Alarm Clocks | | |

MAKING A MONETARY DONATION

Eliminating Homelessness Together

Mary Townsend Seymour Leadership Society

Name _____

Address _____

City _____ ST _____ Zip _____

Phone _____ Cell _____

Email Address _____

Diamond (\$10,000 or more) **Platinum** (\$5,000-\$9,999)

Gold (\$2,500-\$4,999) **Silver** (\$1,500-\$2,499)

Bronze (\$1,000-\$1,499)

Please accept my/our gift in the amount of \$ _____

Please list our name as follows in the annual report _____

Friends of My Sisters' Place

\$500-\$999 **\$250-\$499** **\$1-\$249**

Please accept my /our gift in the amount of \$ _____

Please list our name as follows in the annual report _____

Payment options: Confirm Amount: _____

Check enclosed made out to My Sisters' Place

Visa MasterCard/Discover American Express

Acct. # _____ Exp. Date: _____

3 Digit Code on Back _____

Signature: _____

Date: _____