



439 S. Union Street, Suite 401, Lawrence, MA 01843 • T: (978) 685-9471 • F: (978) 687-0147 • www.fidelityhhs.org

*Thank you* for bringing joy into the lives of children, teens and adults with developmental disabilities. Your tax-deductible donation will help fund educational, recreational and therapeutic programs such as music therapy, vacation week activities and summer camp experiences.

I would like to support Fidelity House Human Services as follows:

- Partner..... (\$1,000 or more)  Other Amount \$ \_\_\_\_\_
- Sponsor ..... (\$500 to \$999)  I would like to make a monthly gift of \$ \_\_\_\_\_
- Advocate..... (\$250 to \$499)  My contribution will be matched by: \_\_\_\_\_
- Friend ..... (\$100 to \$249) \_\_\_\_\_
- My gift is a tribute in **honor/memory** of: \_\_\_\_\_

Optional: Please notify the following party of my tribute gift:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Name(s) to be acknowledged in our Annual Report: \_\_\_\_\_

**This donation is anonymous. Do not list my name in the Annual Report.**

I am enclosing a check payable to: **Fidelity House Human Services**  
439 S. Union Street, Suite #401  
Lawrence, MA 01843

I authorize Fidelity House Human Services to charge to my credit card:  
\_\_ MasterCard \_\_ VISA \_\_ Discover \_\_ American Express

\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_ Exp. Date \_\_/\_\_\_\_ Security Code: \_\_\_\_ (last 3 digits in the signature area of the card)

Signature: \_\_\_\_\_

Full Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name of Individual or Company to be recognized: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

***Thank you for your generosity.***

If you have any questions, please contact Judy Normandin at 978-685-9471 or send an email to [info@fidelityhhs.org](mailto:info@fidelityhhs.org).