

*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 CRC 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 CRC**  
 439 S. Union Street, Suite #401  
 Lawrence, MA 01843

I authorize Fidelity House CRC 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 Nicole Sammartino at 978-332-9181 or send an email to [nsammartino@fidelityhhs.org](mailto:nsammartino@fidelityhhs.org).*