A contribution to the Foundation will be used to support the activities of Work Skills Corporation. Work Skills Corporation is a community-based organization that provides employment and training services to people with barriers to employment. We invite you to join with us in that important mission. Financial gifts will be utilized wisely and greatly appreciated.

DONATION LEVELS

☐ We have included Work Skills Foundation in our will/trust
☐ We are interested in your Planned Giving Opportunities

☐ We wish to contribute $_____in memory of _____

☐ Enclosed is our check payable to the Work Skills Foundation.

☐ Please bill our: VISA MasterCard

Card# _____ Exp. Date _____

☐ My/Our Planned Giving Opportunity pledge will be paid over a _____ year period.

☐ Please bill me: ☐ Semi-annually (May/Nov.) ☐ Annually (Nov.)

Beginning _____ (year)

Your Contribution is Tax Deductible

Acknowledgement of your contribution will be sent to you.

Name(s) _____

Street: _____

City: _____ State: _____ Zip: _____

E-mail: _____

Phone: _____