

THE TIME IS NOW.

Your donor information will be protected and used for gift processing only.

NAME

PARTNER'S NAME

ADDRESS

CITY/STATE/ZIP

TELEPHONE

MOBILE

EMAIL

Send me electronic information about InterAct. Yes No

I have included InterAct in my estate plan.

Does your company offer gift matching? Yes No If yes, please return completed form with gift.

Gift Amount

\$144 \$360 \$500 \$730 \$1,484 Make a family's day! \$_____

Amount paid at this time

Balance remaining

Terms of Pledge Payment Quarterly Semi-annually Annually

Beginning in the month of _____

Method of Payment Check Credit Card Cash

I want to become an InterAct Sustainer and let my bank debit my account for a monthly contribution of \$_____. InterAct will send me an Electronic Funds Transfer Form. (Minimum \$10/month)

CREDIT CARD NUMBER

EXP. DATE

SIGNATURE

DATE

- **\$144** provides three support group sessions for eight women.
- **\$360** provides four families crisis counseling on InterAct's 24/7 crisis lines.
- **\$500** provides protective order assistance to fifteen families.
- **\$730** provides 24 children with one classroom session of violence prevention education.
- **\$1,484** provides one week of shelter for a family of four.

Financial information about this organization and a copy of its license are available from the State Solicitation Licensing Branch at 919-807-2214, or 1-888-830-4989. The license is not an endorsement by the State. Questions? Call 919-828-7501.

CRISIS LINES | COUNSELING | EMERGENCY SHELTER | AWARENESS
HOSPITAL RESPONSE | COURT ADVOCACY | YOUTH EDUCATION | SOLACE CENTER

interact
safety support awareness