

I wish to support HPNC's mission and legacy of inclusion!
(Please enclose this slip with your gift in the remittance envelope.)

___\$1000 ___\$500 ___\$250 ___\$100 \$_____Other

I wish to sustain HPNC with my reoccurring monthly/ quarterly (please circle) gift of \$ _____

If you would like, please designate your gift as follows:

\$_____ Area of Greatest Need \$_____ Scholarship \$_____ Teens \$_____ Other

Please make checks payable to: Hyde Park Neighborhood Club

To pay by credit card, enter information below:

Name on Card: _____ Credit Card#: _____

Expiration Date: _____ CCV#: _____ Signature: _____



Focused on kids

for 108 years



Please write updated contact information on the back.