



Dear GRACE Friends,

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HQHUJ\ DFWLYLVP DQG DLG DUH FULWLFDO WR WKH VXFFHVV
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*5\$&(LV EOHVVHG WR EH D SDUW RI D FRPPXQLW\ WKDW VVHSH
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WKDW DQRWKHU FDQ VXFFHHG LQ EXLOGHQJ D EHVWHU OLIH IR

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FRQWULEXWLRQ FDQ EH GLUHFVHG WR D SURJUDP DW *5\$&(WK

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RWKHUV RQ WKH SDWK WR VHOI VXIILFLHQF\)DPLO\)DPLO\ O
RWKHUV LQ \RXU FLUFOH DQG LQYLWH WKHP WR MRLQ LQ \RXU

)RU VRPH LW PD\ EH +XQJHU 6HUYLFHV 2WKHUV PD\ ILQG *5\$&()
6WLOO RWKHUV FRXOG KDYH D SDVVLRQ IRU 7UDQVLWLRQDO +F
IRU 6HQLRUV

\$WWDFKHG LV LQIRUPDWLRQ DERXW WKH)DPLO\)DPLO\ VSRQ
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Family -2- Family

We would all give our lives for our children, give them the last crumb on our plate. Please consider extending that sense of your generosity to neighbors in need. Together, your family can directly impact another by making a donation to the GRACE Gala as a family endeavor. The best example you will provide your children is to demonstrate compassion for those less fortunate by providing much needed assistance to individuals and families in crisis.

Your gift helps GRACE provide services such as:

Donor
\$1,000

- Providing new backpacks for 20 children filled with supplies for a new school year
- Feeding a family of four for 10 weeks a balanced diet including all food groups and fresh foods
- Medical diagnostics and treatment for two Clinic patients suffering from heart disease

Supporter
\$2,500

- Gives a mother vital diabetes treatment for 10 weeks so she can stay strong for her family
- Provides clothing, shoes and outerwear for 30 children for one year
- Ensures the value of 26 Food Pantry visits for isolated seniors

Member
\$5,000

- Gives a mother and her children a safe place to live for three months
- Provides six months of work clothing for 25 GRACE clients
- Purchases medical equipment necessary for mobility and safety for isolated seniors.

Your gift will be recognized at the GRACE Gala on November 4, 2023.
Please select your gift option below:

Donor

Supporter

Member

\$1,000
Two Gala admissions

\$2,500
Four Gala admissions
Two invites to the VIP party

\$5,000
Four Gala admissions
Four invites to the VIP party

Name: _____

Address: _____

City, State, Zip Code: _____

Phone Number: _____

Payment:

Visa Mastercard AMEX CC #: _____ Exp: _____

CVC: _____

Invoice me at (email address): _____

How would you like your name to be listed on Gala materials: _____