

Yes, I/we want to help at-risk youth to realize their dreams by supporting Student Mentor Partners.

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Email _____

Enclosed is my/our tax-deductible gift of \$ _____

Please charge my gift of \$ _____ to Visa MasterCard

Card # _____ Exp. Date _____

Signature _____

I/we would like to make a gift of \$ _____ on the installment plan.

Please bill Quarterly Monthly I've enclosed my first installment of \$ _____

Please return the response card and your donation to
Student Mentor Partners • 22777 Harper Avenue #301 • St. Clair Shores, MI 48080.
Thank you for your tax-deductible contribution to Student Mentor Partners.