

## Student Mentor Partners



*Investing in the future...  
One student at a time.*

**YES! I want to help at-risk youth to realize their dreams by supporting Student Mentor Partners**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

- Enclosed is my tax-deductible gift of \$ \_\_\_\_\_
- Please charge my gift of \$ \_\_\_\_\_ to
- Visa
- Mastercard
- American Express

Card # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

I would like to make a gift of \$ \_\_\_\_\_ on the installment plan.

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

\_\_\_\_\_

Please return this donation form and your check payable to Student Mentor Partners to  
Student Mentor Partners  
22777 Harper Ave. #301  
St. Clair Shores, MI 48080

*Thank you for your contribution and your support!*