



I want to help the quality of life for others with my tax-deductible contribution.

Here is my gift of:

\$250 \$100 \$50 \$25 \$10 Other _____

I would like my gift to go to the following program(s):

- | | |
|--|---|
| <input type="checkbox"/> Adult Day Centers | <input type="checkbox"/> Housing |
| <input type="checkbox"/> BUS | <input type="checkbox"/> Nutrition |
| <input type="checkbox"/> Community Development | <input type="checkbox"/> Senior Citizen Centers |
| <input type="checkbox"/> Day Care Centers | <input type="checkbox"/> Weatherization |
| <input type="checkbox"/> Head Start Centers | <input type="checkbox"/> Other _____ |

Name _____

Address _____
Street City/State Zip

Please mail to: Blue Grass Community Action Partnership, 111 Professional Ct., Frankfort, KY 40601
Make checks payable to: Blue Grass Community Action Partnership