



## PLEASE CHOOSE HOW TO GIVE

STEPS mission is for teens to have a healthier and safer life through study in prevention, preparedness and safety information.

ONE TIME	
<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$1,000
<input type="checkbox"/> \$500	<input type="checkbox"/> \$250
<input type="checkbox"/> \$100	<input type="checkbox"/> \$50
<input type="checkbox"/> \$25	<input type="checkbox"/> \$_____

MONTHLY	
<input type="checkbox"/> \$100/MONTH	<input type="checkbox"/> \$50/MONTH
<input type="checkbox"/> \$25/MONTH	<input type="checkbox"/> \$10/MONTH
<input type="checkbox"/> \$5/MONTH	<input type="checkbox"/> \$____MONTH
<input type="checkbox"/> Let my monthly gift be multi-year.	

MULTI-YEAR
GIFT AMOUNT \$_____/YR.
NUMBER OF YEARS _____
PLEDGE REMINDER MONTH_____

### Choose the designation for your donation.

- Where STEPS need it most! \_\_\_\_\_
- Province: \_\_\_\_\_
- Programs: \_\_\_\_\_
- School: \_\_\_\_\_

### MAKE A BIGGER IMPACT:

A generous donor wants to ensure STEPS future is bright with an annual matching gift opportunity of up to \$100,000 each year for 10 years. Your gift will qualify for the match if you meet any of these criteria:

- This is my first donation to STEPS in the last three years.
- My previous gifts to STEPS have been \$1,000 or less, and I am now increasing my donation.
- This is the first time I have made a multi-year commitment to STEPS.

Name of Donor(s) as you would like it listed: \_\_\_\_\_

Contact Name (if necessary): \_\_\_\_\_

City: \_\_\_\_\_ ON: \_\_\_\_\_ Postal: \_\_\_\_\_

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

Credit Card \_\_\_\_\_ Credit Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ 3-Digit Code: \_\_\_\_\_ Name on Card: \_\_\_\_\_

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