

Support for the Annual Fund is always needed.

YES! I WANT TO HELP SUPPORT THE MISSION OF THE FAIRPORT BAPTIST HOMES FOUNDATION AND ENSURE QUALITY CARE FOR OUR COMMUNITY'S ELDERLY

Enclosed is our/my check for \$_____ (Please make checks payable to FBHCM Foundation)

Please charge this gift to our/my: ___ Visa ___ MasterCard

Account Number: _____

Expiration Date: _____

Signature (required): _____

Please circle: Dr. Mr. Mrs. Mr. & Mrs. Ms. Miss Rev.

Name: _____ Spouse: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ E-mail: _____

This gift is in honor/memory (please circle one) of: _____

**Please return pledge form to: FBHCM Foundation, 4646 Nine Mile Point Road
Fairport, NY 14450**