

Yes, I/We want to help! I/We will:

NAME _____ ADDRESS _____

Phone _____ Email for updates on Brenna's Home _____

___ Sponsor a child in Brenna's Home (\$300 per year or \$25 per month). This is 79 cents per day!

___ Support for special medical needs (surgical, physical therapy, accidents)

___ Educational Fund (provides for educational/vocational training expenses for older children after high school)

___ Brenna's Home expansion costs (ongoing project to connect two apartments, furniture)

___ I am also interested in donating gently used items for Brenna's Basement or serving in a volunteer capacity.

Enclosed is my **tax-deductible** contribution: ___ \$75 ___ \$100 ___ \$250 ___ \$300 ___ \$500 ___ Other

Please make checks payable to **"The Brenna Engle Foundation"** 3 Albert Road, Poughkeepsie, NY 12603

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