

Family Resource and Child Development Center

CCS Pooled Income Fund Investment Opportunities

Yes, I (we) will help children with special needs and their families flourish by pledging my (our) support as an Investment Partner in the **Family Resource and Child Development Center**

___ **50 SHARES:** \$500,000

___ **15 SHARES:** \$150,000 ___ **10 SHARES:** \$100,000

___ **5 SHARES:** \$50,000 ___ **1 SHARE:** \$10,000

Payment:

___ **My check is enclosed**, made payable to: **CCS Pooled Income Fund**

___ Please deduct my purchase from my checking or savings account. [Please fill out an **Account Debit Form**]

___ Please contact me about:

___ purchasing my investment with appreciated stock or real estate

Name: _____ Date: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____ Phone: _____

Signature: _____

Please help us recognize your investment properly:

This purchase is made by: ___ Mrs. ___ Ms. ___ Mr. ___ Other: _____

___ I am interested in purchasing these shares on behalf of a relative who is 60 years or older.

Please print name as you wish it to appear on recognition plaque in the welcome center:

___ I prefer my investment not be publicly recognized

Catholic Community Services

For additional information: Alexa Armstrong 503-856-7062 alexaarmstrong@ccswv.org