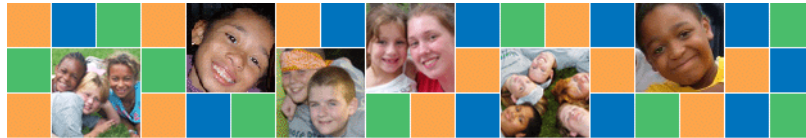




*Providing Children with Help and Hope*

## **BE AN ANGEL DONOR**

**...and Have the Satisfaction of Investing in Today's Youth!**



### **YOU ARE INVITED ...**

*to provide Angel Scholarships for children  
who need people like you to go the extra mile on their behalf.*

**Each scholarship will make a positive difference for children who may be dealing with:**

- ❖ Single-parent or blended families experiencing low income or poverty;
- ❖ Abuse of some type within their family unit – physical, emotional, drug, alcohol or sexual;
- ❖ Parental suicide, murder, incarceration or terminal illness;
- ❖ Social or academic difficulties, even with family support; or
- ❖ Life on the road as migrant workers or with a chronically-ill parent or a special-needs sibling.

~

*Your contribution will allow a child to experience, at no cost, a program that offers caring adult mentors, safe places and activities, healthy choices, marketable skills, and community service opportunities. Second Mile children learn, no matter what the chaos and difficulties in their lives, they can become productive and successful citizens in their communities.*

*See the enclosed pledge form to learn how you can provide help and hope.*

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The official registration and financial information of The Second Mile may be obtained from the PA Department of State by calling toll free within PA, 1-800-732-0999. Registration does not imply endorsement.

[Website: www.thesecondmile.org](http://www.thesecondmile.org)

[e-mail: office@thesecondmile.org](mailto:office@thesecondmile.org)



Providing Children with Help and Hope

**Angel Scholarship Pledge Form**

**YES! I/We will be an Angel for children who need help!**

*One \$500 angel scholarship supports children in a variety of ways, including*

- ❖ A child at risk benefits from the Challenge Program and its year-round follow-up,
- ❖ An adolescent builds leadership skills and school harmony through The Leadership Institute,
- ❖ Five youngsters experience safe activities with caring mentors through the Friend Program,
- ❖ Foster children from five families enjoy Foster Family Support activities, or
- ❖ Ten youngsters receive items needed to thrive (warm coats, a baseball glove, etc.) through the Children’s Fund.

*Two \$500 angel scholarships support children in these ways:*

- ❖ An adolescent builds inner and outer strength in our twice-weekly Friend Fitness Program, or
- ❖ A Second Mile program graduate receives a post-secondary Children’s Fund scholarship.

<b>Total Enclosed: \$_____ for Angel Scholarships.</b> <i>(Please make checks payable to The Second Mile)</i>	<i>Optional: I/We would like to designate our support for the following program: _____.</i>
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<b>Payment Method—Please Check One</b> <input type="checkbox"/> Please use Electronic Funds Transfer to deduct my monthly contribution directly from my checking account. (Attach a voided check to this form for EFT payment) <p style="text-align: center;">OR</p> <input type="checkbox"/> Please use my credit card to deduct my monthly contribution. <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> AMEX <input type="checkbox"/> Discover Card #: _____ Exp. Date _____ Name on Card (if different from above): _____ _____		<p><i>Donations greater than \$500 are acknowledged in our Annual Report. Please make certain you list your name as you would like it to appear.</i></p> <p><i>If you wish to remain anonymous for this gift, please check here <input type="checkbox"/></i></p>
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**Statement of Authorization**

I authorize my financial institution to transfer the amount indicated from the stated account to The Second Mile. The authorization shall remain in effect until I notify my bank or The Second Mile that I wish to discontinue the regularly scheduled transfer of funds.

A record of each charge will be included in my regular bank or credit card statement. I understand that I will receive a letter from The Second Mile each month showing my gift for that month. This will serve as my receipt for tax purposes.

In the event of an error, I have to right to instruct my bank to reverse any charge. I understand that this must be done by written notice within 15 days of the date of the bank statement or within 45 days after the charge was made.

Signature (required) \_\_\_\_\_ Date \_\_\_\_\_

***All contributions are tax-deductible as allowed by law. THANK YOU FOR BEING AN ANGEL!***



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