

Please Print this form and mail it to:

Gateway Domestic Violence Center  
P.O. Box 2962  
Gainesville, GA 30503

Please print your name(s) as you would like it to appear for recognition purposes.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Please accept my tax deductible contribution to support Gateway services to battered women and children in our community.

- \_\_\_ \$25      Provide transportation for 2 women to 5 job interviews each
- \_\_\_ \$50      Staffs crisis telephone lines for 8 hours
- \_\_\_ \$100     Six classes on family violence prevention in schools
- \_\_\_ \$200     Four in-service training sessions on family violence intervention
- \_\_\_ \$250     Emotional support and group activities for 15 children
- \_\_\_ \$500     Fifteen hours of individual counseling for women
- \_\_\_ \$1000    Ten days of safe shelter and support services for a woman and two children
- \_\_\_ Other