

Invoice

Date:

Organization Name _____

Mahoning County Family and Children First Council Membership Contribution

Please indicate giving level. Gold Level Partners, please indicate contribution amount greater than \$500.00.

_____	Member Level	\$100.00
_____	Bronze Level Partner	\$250.00
_____	Silver Level Partner	\$500.00
_____	Gold Level Partner	\$_____

Total Enclosed: _____

Make check payable to: Mahoning County Family and Children First Council
300 E. Scott Street
Youngstown, Ohio 44505

* Please indicate payment is for *MCFFC Membership*