

**Friends of the  
Flint Farmers' Market  
Gift Commitment**



**Name**

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**Address**

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**City**

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**State**

**Zip**

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**Daytime phone**

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**Email address**

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**Signature**

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**Suggested Gift Amount Annual Campaign**

**\$1,000**    **\$500**    **\$250**    **\$100**

**My check is enclosed.**

**Please send me a statement.**

Please make check payable to: Friends of the Flint Farmers' Market  
All contributions are tax deductible. Thank you for your support.

Mail to: Friends of the Flint Farmers' Market

P. O. Box 286

Flint, MI 48501