



**Pictured from left to right: Kendra Howerton, Nicole Harper, Marvin Harper, Christopher Harper, and Leigha Cochrane.**

***“CAN and the LEAP program have helped us out in so many ways. I can’t thank them enough for their thoughtfulness and unexpected kindness and generosity!”***  
-Nicole Harper

When Chris and Nicole Harper first accepted services through CAN’s Life Elevation Action Program (LEAP), they had just learned that their son Marvin has autism. Devastated and unsure of the future, they reluctantly accepted services by allowing a LEAP Service Coordinator to assist them in forming an Elevation Plan designed to help the family establish goals to address areas of concern and capitalize on family strengths. Through their Elevation Plan, they successfully accessed services through Redwood Coast Regional Center, which helps parents with special needs children learn to provide opportunities to ensure optimal development. In addition, Chris, Nicole and Marvin have received services through CAN’s food bank, clothing bank and more. To join your Community Assistance Network (CAN) team by helping provide vital services to families like the Harper’s – we are asking you to join our efforts by making a commitment to support CAN through a regular monthly gift.

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Please detach and mail to CAN in envelope provided.

*Many Donors wish to make their contributions through automatic withdrawal from their bank account. This option saves time, money, stamps, checks and service charges. You can discontinue your automatic payment at any time simply by calling our office or by sending a written request.*

Name Printed: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

**Electronic Funds Transfer**

**\*Note: Please enclose a voided check.**

\_\_\_ I want to **start** giving by Automatic Monthly Giving Plan – withdraw on 5<sup>th</sup> or 25<sup>th</sup> (Circle One)

\_\_\_ I authorize my bank to transfer from my account each month and pay to CAN the amount of \$\_\_\_\_\_.

\_\_\_ One Time Gift Enclosed: \$\_\_\_\_\_.

Beginning \_\_\_/\_\_\_/\_\_\_  
month/year

Routing # |: \_\_\_\_\_ |: Account # \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature