



connect

those in need with those who care.

Dear Friend of Tempe Community Council,

You are a vital part of TCC's mission. You help us connect to those in need with those who care.

On March 18, 2023 we hosted our 5th Annual Care Fair Tempe on Human Services Day in partnership with the City of Tempe Community Health and Human Services Department, and the Office of Education, Career and Family Services and commitment.

This event exemplifies our core purpose to partner with local organizations, nonprofits, government programs and connect these resources directly to the people who need them.



Attendees at Care Fair 2023. Read more about your donation and community impact on the back of this page.



Your Community Impact

Your assistance is needed more than ever to support Tempe's most vulnerable. We hope you will support TCC and your community with a contribution. Your donation will allow flexibility in defraying the costs associated with our Annual Care Fair and programs that connect our neighbors in need with those who care.

Your donation to TCC goes to benefit your community and strengthens the fabric of Tempe!

Sincerely,

Julie H. Armstrong

Julie Armstrong
TCC Board of Directors Chair
May 2023



THREADZ teen clothes closets are available as a FREE resource for Tempe middle and high school students. In FY 2021-2022, THREADZ served students with over 4,674 pieces of clothing, hygiene products, and school supplies.

Please Consider Donating Today!

Make a donation to support Tempe Community Council and our mission to connect those in need with those who care. Donate online any time, or use the form below and the self-addressed envelope to mail your donation.

Cut along the dotted line and include with your mailed donation.

Yes, I'd like to support Tempe Community Council with a donation!

Supporter Information

NAME

ADDRESS

CITY/STATE/ZIP

PHONE NUMBER

EMAIL

Signature:

Method of Payment

ONLINE: tempecommunitycouncil.org/donate/tcc

CHECK: Make Payable to Tempe Community Council

CARD: VISA ___ MasterCard ___ AMEX ___ Discover ___



Please fill out the below information if paying by credit card.

ACCOUNT#

NAME ON ACCOUNT:

EXP. DATE:

CVV/CID#:

AUTHORIZED SIG.:

DATE:

Date: