



I am pleased to support Children's Aid with a gift in the amount of \$_____.

PERSONAL INFORMATION

Name: _____

Address: _____

City: _____

State: _____ ZIP: _____

Phone: _____

Email: _____

PAYMENT METHOD

CHECK: Enclosed is my check or money order made payable to Children's Aid.

CREDIT CARD: Please charge to my credit card:
Card number: _____

Name on Card: _____ Exp. ____ / ____

Signature: _____ Date: ____ / ____

- I want my gift to be **ANONYMOUS**.
- I want my gift to be **MONTHLY / ANNUAL** (please circle one).
- This is a **CORPORATE GIFT:** Company name: _____.
- MATCHING GIFT:** My company will match my gift. Company name: _____.

TRIBUTE INFORMATION

My gift is made **IN HONOR OF** or **IN MEMORY OF** someone. Please check: In Honor In Memory
Name of person(s) being honored/remembered: _____

Please send notification of this gift, via **MAIL** or via **EMAIL** to:

Name: _____

Address: _____

City: _____

State: _____ ZIP: _____

Email: _____

Note: The dollar amount of your gift will not be included in the notification.

Mail this completed form to:

Children's Aid
Development Department
711 Third Avenue, Suite 700
New York, New York 10017

You will receive a gift acknowledgement letter suitable for use with your taxes.