

DONATION FORM



Already a Village of Giving Member?

Thank you for taking the first step to help change a child's life.

Tell us how else you would like to support The Children's Center today.

- Add _____ more years to my existing or previous multi-year pledge
- Increase my existing pledge by \$ _____ per year for the remaining years.
- Make an additional one-time gift of \$ _____
- Pay off my annual pledge amount today.
- Contact me so we can discuss further.

Please complete payment and contact information on reverse side.

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Yes, I would like to become a **Village of Giving** member:

- A Healthy Start:** \$1,000 per year for 5 years *(Provides a special needs toddler with two in-home therapy visits a month.)*
- Healing the Hurt:** \$5,000 per year for 5 years *(Provides five traumatized children an hour of individual psychotherapy each month.)*
- A Safe Home:** \$10,000 per year for 5 years *(Provides prospective foster parents with specialized trauma-informed training and support to provide a loving and stable home for severely abused and neglected children.)*

Bridging the Gap: I would like to contribute \$ _____ each year for _____ year(s).

One Time Gift I would like to contribute \$ _____.

PAYMENT INFORMATION

My check is enclosed made payable to The Children's Center.

Please charge my credit card: Monthly Quarterly Annually One Time Gift

Card Number

Expiration Date

Security Code

Billing Zip Code

Name on Card _____

Card Holder's Signature: _____

Contact me about paying with electronic funds transfer.

My company will match my gift.

Contact me about paying with stock.

Please contact me. I have other thoughts to share.

CONTACT INFORMATION

Name _____ Date _____

Organization Name (if applicable) _____

Address _____ City _____ State _____ Zip _____
 HOME BUSINESS (Please check one)

Primary Phone _____ Alternate Phone _____
 HOME CELL BUSINESS (Please check one)

Email Address _____

#HEALCHILDRENHEALDETROIT

