



HELPING CHILDREN DREAM AGAIN

See the change in others – and in you.

#HELPINGHEAL

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.)*

I am already a Village of Giving Member:

- Add more _____ years to my pledge
- Increase my pledge by \$ _____ per year for the remaining years.
- Pay off my annual pledge amount today.

PAYMENT INFORMATION

- My check is enclosed made payable to The Children's Center.
- Please contact me to pay with electronic funds transfer.
- Please charge my credit card: Monthly Quarterly Annually One Time Gift

Card Number Exp. Date Security Code

Billing Zip Code Name on Card _____

Card Holder's Signature: _____

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) HOME CELL BUSINESS (please check one)

Email Address _____ Signature _____