

## Thank You for Giving to The Child Center of NY

I am supporting the work of The Child Center with a donation of \$ \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

### I would like my gift to be

\_\_\_\_\_ a one time gift.

\_\_\_\_\_ a **monthly** gift taken from my credit or debit card on the \_\_\_\_\_ day of each month.

### Payment Method

Enclosed is my check or money order for \$ \_\_\_\_\_

*Please make checks payable to The Child Center of NY.*

Please charge my credit card in the amount of: \$ \_\_\_\_\_

\_\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ American Express

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name as it appears on card \_\_\_\_\_

(if different from above)

Signature: \_\_\_\_\_

\_\_\_\_\_ I wish my gift to be anonymous.

### Tribute Information

If this gift is made in honor or in memory of someone, please check below:

\_\_\_\_\_ In honor of, or

\_\_\_\_\_ In memory of

**Name of Honoree:** \_\_\_\_\_

To whom should we send an announcement of your gift?

(The dollar amount will not be shared, only that we have received a donation from you.)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

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

Please fax or mail back to

The Child Center of NY

60-02 Queens Boulevard

NY, NY 11377

Fax: 718-651-5029

*If you have questions, please contact Susan Wyant at 718-651-7770 ext. 220, or  
susanwyant@childcenterny.org.*