



Gift Information:

Donation Amount:

\$5,000 \$2,500 \$1,500 \$500 \$100 Other: \$ _____

Donation Frequency: One Time Monthly Yearly

Check enclosed OR Credit Card

Credit Card # _____

Mastercard Visa Discover American Express

Expiration Date: ____/____/____

CVV Code: _____

Signature: _____

Payment Information:

First Name: _____

Middle Name: _____

Last Name: _____

Suffix: _____

Country: _____

Address (billing address if paying with a CC): _____

City: _____ State/Province: _____ Postal Code: _____

How would you like your donation to be acknowledged if other than the name listed above?
(Mr. & Mrs. Smith, The Smith Family, In honor of, In memory of, etc...)

: _____

I would like this gift to remain anonymous

Please make all checks payable to:

Child Advocacy Center

Please mail this form to:

Child Advocacy Center
566 Franklin St.
Buffalo NY, 14216

Gifts are tax deductible in keeping with current tax laws.

Thank you so much for your support!