



Enclosed is my gift to Children's Safety Centers in the amount of:

\$1,000 \$500 \$250 \$100 \$50 Other \$ _____

Select payment option:

- Cash/check (payable to Children's Safety Centers)
- Credit card, *please complete the following:* Visa Mastercard Discover American Express

Card Number _____ Last 3 digits off back-side of card _____

Exp. Date _____ Signature _____

Please debit my credit card in the amount of \$ _____ Monthly Quarterly Semi-Annually

My bank's electronic billing service: One-time Monthly Quarterly Semi-Annually

I have set-up my account to make an automatic payment in the amount of \$ _____

My first payment is scheduled to start on _____

My employer will match this gift. I/We wish to remain anonymous.

Name (as you would like to be recognized) _____

Address _____

City, State, Zip _____

Day Cell

Phone Evening _____ Email _____

Optional: This gift is in honor or memory of: _____

Please notify this person of my gift (include: name & address):

Please send me information about:

- Including Children's Safety Centers in my estate plans Volunteer Opportunities

Gifts are deductible from taxable income to the full extent allowable. Thank you!