



You can count on me!

I WANT TO JOIN!

I pledge the following amount per year for 3 years:

- \$1,000 i.e. \$250/quarter, \$83/month
 \$2,000
 \$5,000
 \$10,000

I would like to pay:

- Annually Quarterly Monthly

SORRY, I CAN'T JOIN

But would like to donate \$_____.

MY DOLLAR CAN GO FURTHER

My employer will match my gift.

Company: _____

Name _____

Address _____

City _____ State _____ Zip _____

Home _____ Cell _____

Email _____

- Pay by credit card.

Card Number _____ Exp Date _____

- Pay by check (payable to: Center for Child Protection).

- Pay online (www.centerforchildprotection.org/donate).

- Please call me to discuss payment options.

Signature _____ Date _____

Signature and date required if you intend to pledge to become a Guardian Angel.

Thank you for helping to ensure that our doors remain open today as well as tomorrow.