



Children's Village Child Care Center
DONATION FORM

Name

Mr. Mrs. Ms.

First _____ Last _____

Address _____

City _____ State _____ Zip _____

Home phone () _____ Work () _____ Cell () _____

E-mail address

Please check a donation(s) option:

_____ I would like to make the following tax-deductible donation of
\$ _____ to Children's Village Child Care Center.

_____ I would like to make the following tax-deductible donation of
\$ _____ to Children's Village Child Care Center with a
combined matching gift from my employer.

_____ I would like to make a tax-deductible donation of _____
stock to Children's Village Child Care Center. Please forward me
additional information.

_____ I would like to make a donation through United Way by designating
Children's Village Child Care Center as my organization of choice in the
United Way's Donor Choice Program. **Children's Village United Way
Number is 1182.**

_____ Please send an acknowledgment to the following

_____ I do not wish to send an acknowledgment of this gift.

Please note that Children's Village Child Care Center does not sell nor give individual donor
contact information to other organizations. Thank you for your support.

Mail this form to: Development Office
 Children's Village Child Care Center
 125 N. 8th Street
 Philadelphia, PA 19106