

Join Hands with the Child Advocacy Center to Protect Children and Stop Abuse!

Your donation will be greatly appreciated and put to good use.

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

Address (billing address if paying with credit card): \_\_\_\_\_

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

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

Donation amount:

\$2500    \$1,000    \$500    \$250    \$100    Other: \$\_\_\_\_\_

Check enclosed   OR    Credit Card   Credit card # \_\_\_\_\_

Mastercard    Visa    Discover   Exp. Date \_\_\_\_/\_\_\_\_ (MM/YY)   CVV Code: \_\_\_\_\_

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I would like this gift to remain anonymous.

I would like this gift to be  in honor or  in memory of:

\_\_\_\_\_

Send notification of this honor/memorial gift to:

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

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

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

Phone: \_\_\_\_\_

*Please make checks payable to the Child Advocacy Center.*

*Gifts are tax deductible in keeping with current tax laws.*

*Please mail this form to:*

*Child Advocacy Center*

*P.O. Box 488*

*Fayetteville, NC 28302-0488*