



Thanks for Giving to Children's Aid

I would like to support the work of
The Children's Aid Society
with a donation of \$_____.

Personal Information

Name: _____
Address: _____
City: _____ State: _____
Daytime Telephone: _____
Email: _____

Gift Type

I would like my gift to be used for:
____ General Operating Funds
____ Other
(Please specify): _____
____ I wish my gift to be anonymous.

Payment Method

Enclosed is my check or money order for \$_____
Please make checks payable to
"The Children's Aid Society."

Please charge my credit card Amount: \$_____
___ Visa ___ MasterCard ___ American Express

Card Number: _____

Expiration Date: _____

Name on Card: _____
(if different from above)

Signature: _____

Date _____

Tribute Information

If this gift is made in honor or in memory of someone, please check below:
____ In Honor ____ In Memory

Name of Honoree: _____

To whom should we send an announcement of your gift?
(We will not tell them the dollar amount, only that we have received a donation from you.)

Name: _____
Address: _____
City: _____ State: _____
Zip Code: _____
Email: _____

Please complete and remit to:

The Children's Aid Society,
105 East 22nd Street,
Room 504,
New York, NY 10010-5413

or by fax to 212.477.3705,
or e-mail the above information to donate@childrensaidsociety.org.