

- Children's Champion..... \$1,000+
- Guardian..... \$500 - \$999
- Advocate..... \$250 - \$499
- Friend..... \$100 - \$249
- Other \_\_\_\_\_

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Email: \_\_\_\_\_

Please make your check payable to **C.D.D. of Pike County** and return it with this card in the envelope provided. *Thank you for your generous support!*

**Payment Information** Pay by Check, Money Order or Credit Card

CREDIT CARD:  Visa  MasterCard  Amex  Discover

CARD # \_\_\_\_\_ EXP. DATE \_\_\_\_\_

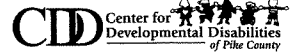
SIGNATURE \_\_\_\_\_ SECURITY CODE \_\_\_\_\_

NAME THAT APPEARS ON CARD \_\_\_\_\_

COMPANY NAME OR PRIMARY CONTACT OF CORPORATE CARD \_\_\_\_\_

**Matching Gift / Memorial Information**

- My employer/company has a Matching Gift Program and enclosed is my matching gift form.
- This gift is made in memory or in honor of:  
(Please complete reverse side for memorial information.)



www.cddkids.org

I wish to make my gift  in honor of /  in memory of:

Name \_\_\_\_\_

Occasion \_\_\_\_\_

Please send an acknowledgement card to: \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Please sign the card from: \_\_\_\_\_

*The official registration and financial information of the Center for Developmental Disabilities of Pike County, Ltd. (EIN # 23-2691523) may be obtained from the Pennsylvania Department of State by calling toll free, within Pennsylvania, (800) 732-0999. Registration does not imply endorsement.*