

## Contribution for the Child Care Center of Evanston

Donation amount \$ \_\_\_\_\_

Checks can be made payable to: The Child Care Center. If paying by credit card, see reverse side.

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

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

(Please provide name and address if different from enclosed check or credit card.)

My donations is  In Memory of  In honor of  
(Please check a box if applicable.)

My employer provides matching gifts  
Company name and address:

Honoree's address: \_\_\_\_\_

\_\_\_\_\_

Donation amount \$ \_\_\_\_\_

Credit Card Donations

We accept Visa, MasterCard & Discover

One time Donation

Recurring donation every  month  quarter

Cardholder's Name \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

3 digit CVV Security Code (from back of card) \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_

(Contributions are tax deductible as provided by law.)

