



# DONOR FORM

**Thank you for your support!** Please mail or fax your completed form and payment to:  
**CHILD ABUSE PREVENTION SERVICES**  
 PO Box 176, Roslyn, NY 11576  
 516-621-0552 / 631-289-3240  
 Fax: 516-621-3767  
*speaktocaps@optonline.net*

Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Email \_\_\_\_\_  
 Phone (day) \_\_\_\_\_ (evening) \_\_\_\_\_

### Tribute Gift Options

In honor of:  In memory of:  On the occasion of:  
 Honoree name(s) and/or occasion \_\_\_\_\_  
 Please send an acknowledgement card to:  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Email \_\_\_\_\_  
 Phone (day) \_\_\_\_\_ (evening) \_\_\_\_\_

### Payment Options

- Check made payable to *Child Abuse Prevention Services*.
- Enclosed is a matching gift form, please contact me.
- Please send me information about how planning a gift to CAPS can provide a lifetime of income or reduced estate taxes.
- Charge  \$500  \$250  \$100  \$50  Other \$ \_\_\_\_\_  
 to my  Master Card  Visa  American Express

Account # \_\_\_\_\_  
 Exp. date \_\_\_\_\_ Signature \_\_\_\_\_  
 Name of account holder \_\_\_\_\_ Phone \_\_\_\_\_  
 Billing address \_\_\_\_\_ Zip code \_\_\_\_\_

**Monthly Gift Option**  Yes, automatically repeat this gift each month

Child Abuse Prevention Services (CAPS) is a 501(c)(3) non-profit registered with the State of NY. A copy of the CAPS financial report is available through the NY Dept. of State. CAPS does not sell, share or lend its mailing lists to any organization or company. All donations support the educational services of CAPS are tax deductible to the extent allowed by law.