



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
 Fax: 516-621-3767
 Email: info@capsli.org
 Phone: 516-621-0552 ext 301

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 # _____ CVC Code _____
 Exp. date _____ Signature _____
 Name of account holder _____ Phone _____
 Billing address _____ Billing Zip code _____

Monthly Gift Option Yes, automatically repeat this gift each month

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