



## Thanks for Giving to The Children's Aid Society

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

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### Personal Information

Title: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

### Gift Type

General Operating Funds  
 Other (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 to my credit card \$ \_\_\_\_\_  
 Visa  MasterCard  American Express

Card Number: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_  
Name on Card: \_\_\_\_\_  
(if different from above)

**Signature:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

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### Tribute Information

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

Name of Person being Honored/Remembered: \_\_\_\_\_

To whom should we send a letter of announcement of your gift?

(we will not tell them the dollar amount, only that we have received a donation in their name from you)

Title: \_\_\_\_\_ Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

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### Please complete and remit to:

The Children's Aid Society  
711 Third Avenue, Suite 700  
New York, NY 10017

or by fax to: 212-477-3705