



Children's Aid Society



Donation Form

Yes, I/We want to help Children's Aid Society continue its important work!

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

- Please send me announcements and updates via this email address. I understand that Children's Aid Society will not share my email address with outside sources.
- My employer has a Matching Gifts Program. Enclosed is my company's form.
- I am interested in learning about volunteer opportunities.
- I would like information about including Children's Aid Society in my estate planning.
- I have included Children's Aid Society in my estate planning.

Please accept my/our tax-deductible contribution:

\$500 \$250 \$100 \$50 \$25 \$_____

My gift is: In honor of In memory of _____

Please consider my gift anonymous (no public recognition).

Payment Method: Check enclosed (*payable to Children's Aid Society*)
 MasterCard VISA

Card Number: []

Card Number

[] [] / [] []

Month/Year Exp. Date

CVV Code: [] [] []

CVV

Code

(CVV Code: 3-digit number on back of card to the right of the account number)

Signature: _____

***Thank you! Your gift will make a difference.
For more information, please visit our website at www.cassd.org.***

A copy of the official registration and financial information of our agency may be obtained from the PA Dept of State by calling, toll-free, within PA, 1-800-732-0999. Registration does not imply endorsement.

**Please mail this form along with payment to
Children's Aid Society * 343 Lincoln Way West * New Oxford, PA 17350**