

# children's institute

STRENGTHENING SOCIAL AND  
EMOTIONAL HEALTH

*We invite you to support our work by contributing to Children's Institute.  
Your gift has the potential to be life-changing for a child, a family, and a community.*

**Please print this form, fill out the required information, and mail it to:**

Development Office  
Children's Institute, Inc.  
274 N. Goodman Street, D103  
Rochester, NY 14607

## DONOR INFORMATION:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Phone number \_\_\_\_\_

E-mail \_\_\_\_\_

Please check if this is a new address

Please list my/our name in publications as: \_\_\_\_\_

I prefer that my gift be anonymous.

## GIFT INFORMATION:

Enclosed is my gift of: USD \$ \_\_\_\_\_ (Please make checks payable to Children's Institute, Inc.)

Please charge my credit card:

Check one:  Visa  MasterCard  American Express  Discover

Name as it appears on card: \_\_\_\_\_

Credit card #: \_\_\_\_\_

Exp. date: \_\_\_\_\_

CW code: \_\_\_\_\_

Signature: \_\_\_\_\_

Employer: \_\_\_\_\_

*(Please enter your employer's name, and we will contact you if your company participates in a matching gift program)*

Gift designation: \_\_\_\_\_

*(Unless otherwise indicated, your gift will be designated to the unrestricted fund to be used where needs are greatest)*

I have made a planned gift provision through:  Bequest  Life insurance  Retirement plan assets

Please enroll me in the Legacy Society

I prefer that my planned gift be anonymous

**THANK YOU FOR YOUR SUPPORT OF CHILDREN'S INSTITUTE**

Children's Institute is a 501(c)(3) not-for-profit organization