



The Children's Institute The Center for Independence Donation and Pledge Form

I/We would like to support The Children's Institute and The Center for Independence programs and donation / pledge (circle one) the sum of \$ _____.

\$ _____, amount enclosed.

\$ _____, balance to be paid within 1 2 3 4 5 years (circle one) to be billed annually.

- I would like to make a gift of securities.
 This gift is in the form of a bequest.
 This gift is in the form of a trust or other planned gift.

- My employer has a matching gift program.
 I would like my gift to remain anonymous.

Name(s): _____

Company/Organization: _____

Phone: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

In Honor / Memory of (circle) for recognition purposes: _____

Signature

Date

Payment method:

- Check enclosed payable to **The Children's Institute**
 Process credit card payment: (circle) AMEX / VISA / MC

Name on card: _____

Credit Card Number: _____

Expiration Date: _____ Security Code: _____

Mail to: **The Children's Institute Development Office** 15 Bloomfield Ave. Verona, NJ 07044

Questions? Call 973.509.3050 x237

All gifts are tax deductible as permitted by law

Thank you for your support!