



In support of The Children's Institute Programs

I/We would like to support The Children's Institute and contribute to the 2007 - 2008 Appeal at the following level of support:

Single Payment

\$25 \$50 \$100

Other \$ _____

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

Name: _____

Phone: _____

Address: _____

City, State, Zip: _____

Please make checks payable to The Children's Institute.
All gifts are tax deductible as permitted by law. Thank you for your support!

Please list names and addresses of individuals and/or companies who might be of assistance to The Children's Institute:

Family, Friends, Individuals, Business Associates:

Name & Phone#: _____

Address: _____

Name & Phone#: _____

Address: _____

Companies, Corporations, Employer(s):

Name & Phone#: _____

Address: _____

Name & Phone#: _____

Address: _____

Check enclosed payable to : **The Children's Institute**
One Sunset Avenue
Verona, NJ 07044

Credit Card: Visa MasterCard American Express

Name on Account: _____ Account#: _____

V-Code# _____ Expiration Date: _____

Billing address: Same as above See billing address below

Street: _____

City: _____ State: _____ Zip: _____

Signature: _____