



Child Guidance Center Donation Form

To make a tax-deductible donation, print out this form and mail or fax to the following address or fax number:

The Child Guidance Center of Southern CT
196 Greyrock Place
Stamford, CT 06901
Phone: (203)324-6127
Fax: (203)353-1524

I wish to make a contribution of \$ _____

Donor's Name: _____

(Please print as you wish to be listed or check here if you wish your gift to remain anonymous _____)

Street _____

City: _____

State: _____ Zip: _____

Phone: _____

E-mail: _____

Gift Details:

This gift is being made:

___ In memory of _____

___ In honor of _____

Please send notice of this gift to: _____

___ This gift is eligible to be matched by my employer.

Matching Gift Form enclosed or please contact _____

Company Name: _____

Phone Number: _____

Method of payment:

___ Enclosed is a check/money order payable to the Child Guidance Center of Southern Connecticut, Inc.

___ Please charge my ___ MC ___ VISA ___ AMEX

Card Number: _____ Exp. Date: _____

Cardholder: _____