



Donation Form

The Child Guidance Center of Southern Connecticut is dedicated to improving the mental and behavioral health of children and teens through treatment, education, and community support.

I/We want to invest in a child's future \$ _____
 Recurring Monthly Payment

Name: _____
(As you wish to appear in public lists) I/we wish to remain anonymous

Address _____

City: _____ State: _____ Zip: _____

Phone: _____
 Home Work Cell

E-mail: _____

Tribute
Give special recognition to someone with your gift:

This gift is in In honor of / In memory of: _____

Please send notice of this gift to: _____

Employer will match this gift Company Name: _____ Phone: _____

Matching Gift Form enclosed

Payment Method

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

Please charge my   

Card #: _____ Exp. Date: _____ CSC#: _____

Cardholder: _____ Signature: _____

For gifts of stock or equities, please call (203) 517-3320 for wire transfer instructions.

I'm interested in a legacy gift I'm interested in volunteer opportunities

*CGC is a non-profit, tax-exempt charitable organization under section 501 (c)(3) of the Internal Revenue Service.
All donations are tax-deductible to the full extent of the law.*

Remit to: CGC, 103 West Broad Street, Stamford, CT 06902 attn: Development