

Please return completed gift form to your Center Director by Friday, Dec. 15.

2023 ANNUAL APPEAL GIFT FORM

Donor Name:		Your Center	
Address:		City:	
State: Z	Zip:		
☐ I wish my gift to a	remain anonymous. Ple	ase do not publish my	name in the CDC newsletter/annual report.
			tion in the amount of \$
(Make checks payable	to Chila Development	Centers, Inc., and wri	te "Annual Appeal" on the memo line.)
			deduct \$ from my paycheck
dated	(after Jan. 1, 2024)	and contribute it to	CDC's 2023 Annual Appeal.
☐ I wish to make a	bi-weekly gift by payı	oll deduction. Please	e deduct \$ (at least \$1) from
my pay as follows:			
			. My total gift will be \$
\$ every p	ayday for 26 pay period	ds until Dec. 31, 2024	. My total gift will be \$
_	e made using the Ann enters.org/give/staff.ht		page on the CDC website at
Please make my gift in honor of			☐ Children's Foundation of CDC
Please make my gift in memory of			
Send acknowledgement of my honorary/memorial gift to:			□ CDC Food Program
Name:		_	
Address:			
City:	State:	Zip:	
*	otherwise above, my gij		ible if I itemize deductions. I also understand ed in a future edition of Child Development
Signature		_	Date

Child Development Centers, Inc. (CDC) is registered as a 501(c)(3) non-profit organization. Contributions to CDC are tax-deductible to the extent permitted by law.

The official registration and financial information of Child Development Centers, Inc. may be obtained from the Pennsylvania Department of State by calling toll-free within Pennsylvania, 1-800-732-0999. Registration does not imply endorsement.