

Please return completed gift form to your Center Director by Friday, Dec. 13.

CDC GIFT FORM

Donor Name:	Your Center
Address:	City:
State: Zip:	
 □ I wish my gift to remain anonymous. Please do not publish my name in the CDC newsletter/annual report. □ Please accept the enclosed <u>personal check or cash contribution</u> in the amount of \$ 	
☐ I wish to give online in the amount of \$ page on the CDC website at https://www.cdcente.	. (To give online, visit the Annual Appeal landing rs.org/give/staff.html
☐ I wish to make a bi-weekly gift by payroll deduction. Please deduct \$ (at least \$1) from my pay every payday for 26 pay periods until Dec. 31, 2025. My total gift will be \$	
☐ I wish to make no further contributions. I my current bi-weekly gift after December 31, 2	f I currently give by payroll deduction, please discontinue 2024.
Please make my gift in honor of	Please use my gift for:
Please make my gift in memory of	☐ Children's Foundation of CDC
Send acknowledgement of my honorary/memoria	
Name:	
Address:	
City: State:	
All Donors: I understand that my gift is federal is	income-tax deductible if I itemize deductions. I also understand ill be acknowledged 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.

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