

Thank you for your support! Please print clearly and fill out completely.

Donor Information

Name _____

Address _____

City/State/Zip _____

Telephone _____

Email _____

If your gift is in memory or in honor of someone, please fill out the Tribute Gift Section. ➔

Tribute Gifts

My gift is: in Memory (optional) signify event: Birthday, Anniversary, etc.
 in Honor _____

of _____

I have already sent a card

Please send a card to:

Name _____

Address _____

City/State/Zip _____

Method of Payment

Please choose one:

Enclosed is my check for \$ _____

Please charge my credit card for \$ _____ (min. amount for charge is \$25)

VISA

MasterCard

Discover

Account Number

Name on Card _____

Expiration Date _____

Signature _____

I pledge the amount of \$ _____. Please bill me: monthly quarterly

Mail with check or charge, to:

Holy Childhood
100 Groton Parkway
Rochester, NY 14623

Thank You!

You can also fax or email a charge.
fax to: (585)359-3722
email: rpape@holychildhood.org

Addition Information (optional)

Please send additional information on planned giving, estate planning and stock donations.

I am interested in volunteering. Please contact me.

I have included Holy Childhood in my will.

Questions? Please contact Rose Marie Pape at (585)359-3710, ext. 131.