



Yes! I want to help The Village serve children and families with my contribution of \$_____

Name(s) as you wish to be acknowledged		
Mailing Address		
City / State / ZIP		
Home phone		Cell phone
Email		
Interest / Relation-ship to The Village		

A check is enclosed.

Charge my credit card Visa Mastercard American Express Discover

Card # _____ Exp. Date _____

Print name as appears on card _____

Matching Gifts

My contribution will be matched by my employer: _____

Matching gift form enclosed to follow Not sure; please contact me.

Tribute Gift

This gift is	<input type="checkbox"/> in honor of <input type="checkbox"/> in memory of _____
Please send notification of this gift to (name & address)	

Please tell us why you give to The Village	
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If questions, please email Development@villageforchildren.org or call (860)236-4511 ext. 3720

Please mail this completed form with contribution to
 Development Office ~ The Village for Families & Children
 1680 Albany Avenue, Hartford CT 06105