



# Mary Cariola Children's Center Gift/Donation Form

Your donations help provide programs, services and opportunities for more than 550 special children from 50 school districts in 10 counties.

## DONATIONS

Enclosed is my donation of \$ \_\_\_\_\_

### Receipt Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_

If you are making a Memorial or Honor Gift please fill out the Memorial Gift section.

## MEMORIAL GIFTS

A memorial gift is a thoughtful way to let someone know you care. An honor gift can be the perfect remembrance for a family member or friend, or as a means of recognizing an anniversary, a retirement or other special occasion.

Enclosed is my gift of \$ \_\_\_\_\_

\_\_\_\_\_ In Memory      \_\_\_\_\_ In Honor

Of \_\_\_\_\_

Acknowledge this gift to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

## PAYMENT TYPE

Enclosed is my check for \$ \_\_\_\_\_

VISA

MasterCard

Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Pledge. Please bill me.

Monthly

Quarterly

Annually

## ADDITIONAL INFORMATION

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

I am interested in volunteering. Please contact me at: (Phone) \_\_\_\_\_

I have included Mary Cariola in my will.

For additional information contact Brad Pearson at (585) 271-0761 ext. 1633.

Please fill out this form and mail with your gift made payable to:

**Mary Cariola Children's Center**  
1000 Elmwood Ave., Suite 100  
Rochester, NY 14620

# Thank You!