



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 Rod Christian at (585) 271-0761 ext. 633.

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!