

ROOM TO HEAL CAPITAL CAMPAIGN



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smallvoices.org

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YES! I want to help make "Room to Heal" for child victims of abuse in Southeast Nebraska by supporting the Child Advocacy Center's Capital Campaign

DONOR INFORMATION

Please print.

FIRST NAME

LAST NAME

STREET ADDRESS

CITY

STATE

ZIP

PHONE

E-MAIL

DONATION/PLEDGE AMOUNT

I would like to provide the following level of support \$ _____

\$10,000 or more \$5,000 to \$9,999 \$2,500 to \$4,999 \$1,000 to \$2,499 \$250 to \$999

I am making a one-time donation to the Capital Campaign

I would like my pledge to be paid over: 1 year 3 years 5 years Other _____

I would like to be recognized on the Room to Heal website for my contribution as:

I would prefer for my donation to remain anonymous

PAYMENT INFORMATION

Please charge my contribution of \$ _____ to: MC Visa Discover AMEX

CARD NUMBER

EXP DATE

CSV NO.

DONOR SIGNATURE

DATE

*The Child Advocacy Center is a 501(c)(3) nonprofit charitable organization.
Contributions are deductible to the full extent of the law.*

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