



Hanna Perkins Center
for Child Development

A Place to Grow 2017 Annual Fund

Name(s): _____

(as you would want to appear when published) Please do not publish my name

Address: _____ Apt. _____

City: _____ State _____ Zip _____

Phone: _____

Email: _____

MY GIFT OF \$_____ to The Hanna Perkins Center for Child Development is tax-deductible as provided by law.

Check enclosed (Please make payable to The Hanna Perkins Center)

Charge my Visa Mastercard Discover American Express

Name on Card: _____

Card Number: _____ Exp. Date _____

CVV code (3 digit code on back of card—AmEx code is 4 digits on front) _____

I wish to pledge a total annual amount of: \$_____

Deducted in equal installments from my credit card: Monthly Quarterly

Gift Society Levels for Annual Fund:

Founders' Circle \$5,000 and Above

Furman Society \$2,500 - \$4,999

Katan Society \$1,000 - \$2,499

Enrichment Society \$500 - \$999

Children's Champion Society \$250 - \$499

Honor Roll Society \$1 - \$249

This donation is a Tribute Gift:

In memory of:

In honor of:

Matching Gift form enclosed

I have included Hanna Perkins in my will or estate plans.

Please send information on how to make a planned gift including income providing opportunities

Please mail this form and your payment to:

The Hanna Perkins Center for Child Development
Development Office
19910 Malvern Road
Shaker Heights, OH 44122

Thank you for your support!