



Hanna Perkins Center  
for Child Development

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(as you would want to appear when published)  Please do not publish my name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