



## DONOR FORM

### Unrestricted Giving

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

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

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

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

**Please accept my/our gift as follows:**

I'd like to make a donation of \_\_\_\_\_

**Please make check payable to Child and Family Services of NH or pay by VISA/MC/Disc**

Visa/MC/Disc #: \_\_\_\_\_

Exp: \_\_\_\_\_ 3-digit security code #: \_\_\_\_\_

Name on card: \_\_\_\_\_

Authorized signature: \_\_\_\_\_

**Additional information**

- I wish to receive future email correspondence
- I prefer to make my donations anonymously
- This donation is on behalf of a company \_\_\_\_\_
- This donation is memory of \_\_\_\_\_

**How did you hear about this site?**

- From a friend
- Received Friend of Camp Spaulding appeal
- Former staff member
- Alumni
- Interested in receiving information about alumni get togethers?