ChildSafe

YES! I WOULD LIKE TO SUPPORT CHILDSAFE.

With a gift of **0** \$1,000 **0** \$500 **0** \$250 **0** \$100 **0** \$50 **0** Other

Name			
Address			
City	State		
E-mail		. Phone	
How would you like your name to appear in recog	gnition listings?		
Payment Method 0 check payable to ChildSafe	• Visa • MasterCard	O American Express	
Name on Card	Signature		
Account Number	Exp. Da	te	
Your 100% tax deductible gift will help restore dig	znity, trust, and hope to chil	dren traumatized by abuse ar	ıd neglect.

HONORARY & MEMORIAL GIVING

0	I would like my gift to be made in honor of
0	I would like my gift to be made in memory of
0	Please send a note to the address below letting them know about my honorary/memorial gift.
Na	ame
Ac	ldress

Please mail this completed for to:

ChildSafe c/o Director of Development 7130 W US Hwy 90 San Antonio, TX 78227

Questions? Call (210) 675-9000 THANK YOU FOR YOUR SUPPORT!