

## I WOULD LIKE TO SUPPORT CHILDSAFE

With a gift of 0 \$1	000 0 \$500	0 \$250	<b>0</b> \$100	0 \$50	Other
will a girt or $\mathbf{v}$		) <del>V</del> #250	U #100	<b>U</b> #30	Ouici

## www.ChildSafe-sa.org

A Children's Advocacy Center

Name									
Address									
City	Sı	tate	Zip						
E-mail	Phone								
How would you like your name to appear in recognition listings? (if applicable)									
Payment method	o check payable to ChildSafe	o Visa	o MasterCard	o American Express					
Name on card		. Signature							
Account number		Exp. d	ate	CVV					
Honorary & Memorial Giving									
O I would like my gift to be made in honor of									
O I would like my gift to be made in memory of									
O Please send recognition	to:								
Name									
Address									

## Additional Ways to Support

- 0 I know children come to ChildSafe everyday needing services, please contact me about becoming a recurring donor.
- I know ChildSafe serves children by providing school supplies and holiday gifts, please contact me about contributing to these very special initiatives.

Please mail this completed form to:

## ChildSafe

c/o Development Team 3730 IH-10 E San Antonio, TX 78220

Questions? Call (210) 675-9000