



Rochester Childfirst Network

SERVING CHILDREN SINCE 1857

RCN Donation Form

Thank you for donating to Rochester Childfirst Network. Your gift provides a lasting impact on the thousands of children we serve in our community. Please fill out the information below to help us process your gift.

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Would you like to subscribe to RCN's Email List? Y/N

Here is my gift of () \$1000 () \$500 () \$100 () \$50 () \$25 () Other _____

-OR-

() **Become a Sustaining Giver**

Process on the below credit card on the ___1st or ___15th of each month.

() \$100 () \$50 () \$20 () \$10 () \$5 () Other _____

I'd like to contribute to:

Annual Children's Fund Serving Children First Capital Initiative Other Restricted _____

Credit Card Payment: Please bill my () Master Card () Visa () Discover

Card holder name: _____

Today's date: _____

Name as it appears on card -please print

Billing address for credit card: _____

City, state: zip code: _____

Daytime phone number: _____

Amount authorized to charge: _____

Signature required: _____

v-code: _____ (last 3 numbers on back of card above signature line)

Credit card #: _____

Exp. Date on card: _____

() Please do not acknowledge my gift publicly

Send to: Rochester Childfirst Network

Attn: Annual Children's Fund
941 South Ave., Rochester, NY 14620

<p><u>Make a bigger impact with the United Way!</u></p> <p>Ask your employer if you're eligible for employer gift matching</p> <p>Already giving to the United Way with a payroll deduction? You can designate your gift to Rochester Childfirst Network (Agency #672)</p>
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