

T.E.A.C.H. Early Childhood® Endowment Fund

Donor Information

Name (s): _____

Address: _____

Phone #: _____ Email Address: _____

I want to contribute \$ _____.

Donation Preferences

- This is a one-time donation.
- I would like to make this a recurring donation deducted:
 - Monthly
 - Quarterly
 - Annually

Recurring donations can be charged automatically from your credit card or billed to you.

I prefer my recurring donation be:

- Charged to my credit card
- Billed to me

Privacy Preferences

- You may share my full contact information
- You may share my name only
- Do not share any of my personal information

Type of Donation:

- Cash
- Stocks/bonds, Life Insurance, Bequeathed funds from a personal will in the form of cash, securities, real estate or personal property (**For these types of gifts, please contact Emmanuel Paul, Vice President for Financial and Human Resources, at either 919.967.3272 or emmanuelp@childcareservices.org**)

Payment Information

Method of Payment

- Check – Make checks payable to Child Care Services Association
- Bill Me
- MC/Visa

Credit Card #: _____ Expiration Date: _____ CVV Code: _____

Signature: _____

Print and submit this form and your check (if applicable) made out to Child Care Services Association to:

T.E.A.C.H. Early Childhood® National Center

PO Box 901

Chapel Hill, NC 27514

Telephone: 919.967.3272

Facsimile: 919.442.1988