



Gift/Donation Form

Name

.....

Address

.....

City/State/Zip

.....

Phone

()
.....

Email

.....

Credit Card *Only required when paying by credit card

Visa Mastercard Discover

.....

Exp:
.....

Signature

.....

I would like my donation:

- One-time Gift of \$_____ is enclosed

- A 3-year pledge of \$_____ payable at \$_____ per year. First payment is enclosed.

Payment Method:

- Bill Me

- Check enclosed payable to "DCDC."

- Credit Card info enclosed.



Send your Gift/Donation to:

398 Wall Street,
Danville, PA 17821-1744

P: 570.275.4047
F: 570.275.3953

A copy of the official registration and financial information of the Danville Child Development Center may be obtained from the Pennsylvania Department of State by calling tollfree within Pennsylvania, 1-800-732-0999. Registration does not imply endorsement.