



## Gift/Donation Form

Name

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Address

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City/State/Zip

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Phone

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Email

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Credit Card \*only required when paying by credit card

Visa  Mastercard  Discover

# \_\_\_\_\_

Exp: \_\_\_\_\_

Signature

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I would like my donation:

- One-time Gift of \$\_\_\_\_\_ is enclosed
- A 3 year pledge of \$\_\_\_\_\_ payable at \$\_\_\_\_\_ per year. First payment is enclosed.

Please assign my Gift to:

- Operating
- Capital Campaign
- Scholarship
- Endowment

Payment Method:

- Check enclosed payable to "DCDC"
- Credit Card info enclosed
- Bill me



Send your Gift/Donation to:

DCDC  
986 Wall Street,  
Danville, PA 17821-1826

P: 570.275.4047  
F: 570.275.3953

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