



Gift/Donation Form

Name

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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.

I would like my donation to be used for:

Scholarship

Operating

Endowment

Payment Method:

Bill Me

Check enclosed payable to "DCDC."

*Endowments contribution checks should be made payable to Community Giving Foundation and sent to DCDC

Credit Card info included.



Send your Gift/Donation to:

986 Wall Street,
Danville, PA 17821

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.