

## Please return completed gift form to your Center Director by Friday, Dec. 16.

## 2022 ANNUAL APPEAL GIFT FORM

Donor Name:		Your Center	
Address:		City:	
State:	Zip:		
☐ I wish my gift to	o remain anonymous. Plea	se do not publish my	name in the CDC newsletter/annual report.
			tion in the amount of \$
(Make checks payab	le to Child Development C	enters, Inc., and wri	te "Annual Appeal" on the memo line.)
☐ I wish to make	a one-time gift by payro	Il deduction. Please	deduct \$ from my paycheck
dated	(after Jan. 1, 2023) a	and contribute it to	CDC's 2022 Annual Appeal.
☐ I wish to make	a <u>bi-weekly gift by payro</u>	oll deduction. Please	e deduct \$ (at least \$1) from
my pay as follows:			
			. My total gift will be \$ My total gift will be \$
_	be made using the Annucenters.org/give/staff.htm		page on the CDC website at
Please make my gift in honor of			Please use my gift for:
Please make my gift in memory of			☐ Children's Foundation of CDC
Send acknowledgement of my honorary/memorial gift to:			☐ Equipment/Facilities Improvements ☐ CDC Food Program
		-	
	State:		
· ·	e otherwise above, my gift		ible if I itemize deductions. I also understand ed in a future edition of Child Development
Signature		-	Date

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