



The Children's Room

caring support for grieving children, teens, and families

We thank you for your support.

Committing to a multi-year pledge provides stability for the future and helps us plan for growth.

I would like to become a member of **The Circle of Hope Giving Community.**

- OPEN ARMS CIRCLE** ~ \$1,000 per year for 5 years
Each year, your \$1,000 donation will enable 1 child to participate in a peer support group.
- HOPE GIVERS CIRCLE** ~ \$5,000 per year for 5 years
Each year, your \$5,000 donation will allow 5 teens to participate in a "teens-only" grief support group.
- FOREVER CIRCLE** ~ \$10,000 per year for 5 years
Each year, your \$10,000 donation will provide funding for community or school groups, serving 20 children and teens.

I'd like to contribute \$_____ a year for _____ year(s).

Please contact me. I have thoughts to share.

Signature

Date

Name (as it will appear in annual report)

Address

City

State

Zip

Preferred phone: home / business / cell (*circle one*); provide number above

Email

- My check for \$ _____ is enclosed, made payable to The Children's Room
- Please charge my VISA / MC / Amex (*circle one*) for the amount of \$ _____

Account #

Expiration Date

My company will match my gift: yes / no (*circle one*); include company name above

My donation is in: honor / memory of (*circle one*); include name above

Tax ID: 04-3316013

