CWLA Donation Form

All gifts are tax deductible as provided by law.

PLEASE PRINT OR TYPE

Please print then mail or fax completed form to:
Child Welfare League of America (CWLA)
Attn: Development Department
1726 M St. NW, Suite 500 • Washington, DC 20036
202-688-4200 • Fax 202-833-1689

GIFT

Total Gift or Pledge $ _____

Total Amount Enclosed $ _____

Pledge Balance $ _____ to be paid ☐ **Quarterly** ☐ **Annually** over ☐ 1 year ☐ 2 years ☐ 3 years

MATCHING GIFT

Gift will be matched by _____ *(Please attach company form.)*

HONOR OR MEMORIAL DESIGNATION

☐ In Honor Of ☐ In Memory Of

PERSON (S)

PLEASE NOTIFY RELATIONSHIP TO DESIGNEE

ADDRESS

CITY/STATE/ZIP

All honor and memorial gifts are acknowledged, but the amount of your gift remains confidential.

DONOR INFORMATION

NAME

ADDRESS

CITY/STATE/ZIP

PHONE FAX EMAIL

CWLA has earned the Best in America seal of excellence from Independent Charities of America. We value every donor, and we never sell or rent donor names. See our Pledge to Donors at http://www.cwla.org/donate/donorpledge.htm.

I have remembered CWLA in my ESTATE PLAN.

☐ In my will ☐ As beneficiary of insurance ☐ As beneficiary of a trust ☐ Other

☐ Please send me information about these options.

PAYMENT METHOD (FED I.D. #13-1641066)

☐ Check # _____ *(made payable to CWLA)* Please charge my ☐ MasterCard ☐ Visa ☐ AmEx

CARD NUMBER *(INCLUDE THE FOUR-DIGIT SECURITY CODE, IMPRINTED IN THE SMALL TYPE ON THE FRONT OR BACK OF YOUR CARD)* EXPIRATION DATE

CARDHOLDER'S PRINTED NAME CARDHOLDER'S SIGNATURE

Thank You for Your Generous Support!