



PRINT & MAIL FORM

Help Us Keep Children Safe, Strengthen Families and Promote Independence

(You) **First Name** _____ **M.I.** _____ **Last Name** _____
Select a Title Mr. Mrs. Miss Ms. Dr. **Suffix** (e.g. Jr., Sr.) _____

(Spouse) **First Name** _____ **M.I.** _____ **Last Name** _____
Select a Title Mr. Mrs. Miss Ms. Dr. **Suffix** (e.g. Jr., Sr.) _____

Address _____

City _____ **State** _____ **Zip** _____ - _____

Phone Number (____) _____ - _____

E-Mail _____

Name _____ [] I/We prefer not to be listed.
(as you would like to be listed in Tabor's annual report/newsletter)

Total Donation \$ _____

My/Our gift children's programming mental health services daycare services

is for: Children's Fund wherever it is most needed
(coats/food/heat/toys) Other: _____

Is this gift in honor or in memory of a loved one? If so, without mentioning the amount, we will notify the person you honor or the family of the person you memorialize to let them know of your gift.

This gift is in honor of in memory of : _____

Please notify the following person of this gift: _____

Address: _____

Phone: _____

Please make your check payable to: **Tabor Children's Services Inc.**
Mail this form to:
Tabor Children's Services, 601 New Britain Road, Doylestown, PA 18901

Questions? Call 215-348-4071

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

Thank you for supporting our efforts with at-risk children and survivors of abuse and neglect!