



# CHILD ADVOCACY CENTER

at BESTSELF

## Gift Information:

Donation Amount:

\$5,000  \$2,500  \$1,500  \$500  \$100  Other: \$ \_\_\_\_\_

Donation Frequency:  One Time  Monthly  Yearly

Check enclosed OR  Credit Card

Credit Card # \_\_\_\_\_

Mastercard  Visa  Discover  American Express

Expiration Date: \_\_\_\_/\_\_\_\_

CVV Code: \_\_\_\_\_

Signature: \_\_\_\_\_

## Payment Information:

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

How would you like your donation to be acknowledged if other than the name listed above? (Mr. & Mrs. Smith, The Smith Family, In honor of, In memory of, etc...)

: \_\_\_\_\_

I would like this gift to remain anonymous

Please make all checks payable to:

**BestSelf Foundation**

Please mail this form to:

BestSelf Foundation  
255 Delaware Ave., Suite 300  
Buffalo NY, 14202

Gifts are tax deductible in keeping with current tax laws.

**Thank you so much for your support!**

BestSelf Foundation is a tax-exempt, non-profit organization as described in section 501(c)(3) of the IRS Code. Our tax identification number is 16-1416158.