

I/We would like to make a donation to Prospect Child & Family Center

\$5,000 Platinum Donor \$2,500 Gold Donor \$500 Silver Donor \$250 Bronze Donor

\$100 Copper Donor Other \$ _____ Monthly Contribution \$ _____

My Company has a matching program

Name _____ Organization _____

Address _____ City _____ State _____ Zip _____

Please bill my: (*circle one*) Visa or Master Card # _____ Exp. Date _____

Check enclosed (made payable to *Prospect Foundation*)

Return this form with payment to:
Prospect Child & Family Center, 133 Aviation Rd., Queensbury, NY 12804

I would like to make my gift in (*check one*) memory or honor of: _____

Please notify: Name _____

Address _____

City _____ State _____ Zip Code _____

Please contact me about including Prospect Child & Family Center in my will:

Telephone # _____ E-Mail Address _____

**Thank you for making a difference for
children and adults with disabilities!**

100% of your donation remains in this community
to support people with disabilities from
Warren, Washington, Saratoga, Essex and Hamilton Counties.
Contributions are tax-deductible to the extent allowed by law.