

**DONATION FORM**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Please find enclosed check made payable to *CAC Foundation Inc.*

Please charge my (circle one):    VISA    MASTERCARD    DISCOVER    AMEX

One time donation                       Monthly recurring donation

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

I wish to donate this gift in memory or honor (please circle) of: \_\_\_\_\_

Please notify the following person(s) of my contribution: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Please complete this form and return to:                      Child Advocacy Center of Oswego County  
193 S 1<sup>st</sup> Street  
Fulton, NY 13069

*Your gift is tax deductible to the extent permitted by law.  
C.A.C. Foundation, Inc. is a 501(c) 3 nonprofit organization, Federal Tax ID# 16-1603892.*