

# Schwartz Center for Children

Yes, I would like to support the efforts of the Schwartz Center for Children!  
Please print, complete and mail this form to:

**Schwartz Center for Children  
One Posa Place,  
North Dartmouth, MA 02747**

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## \* Donation Amount:

I would like to make a donation of \$ \_\_\_\_\_ to the Schwartz Center for Children

## \* Payment Type:

- Check enclosed  
 Please bill me  
     One time  
     Quarterly  
     Semiannually  
 Please bill my credit card  
     MasterCard  
     Visa

Account Number: \_\_\_\_\_

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

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

## \* My Information

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

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

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

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

## \* Gift Information

My gift is in honor/memory of:

\_\_\_\_\_

Please send an acknowledgement of my gift to:

\_\_\_\_\_

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