



STORYTELLER

CARING FOR OUR COMMUNITY'S CHILDREN

Yes! I want to support Storyteller!

Name: _____

Address: _____

City: _____ **State:** _____ **Zip** _____

Phone: _____ **E-mail:** _____

How did you hear about us? (Please check all that apply)

_____ **Newspaper** _____ **Friend (please specify)** _____

_____ **Mailing** _____ **Event (please specify)** _____

_____ **Other** _____

Please check all that apply

____ **Yes! I would like to receive program and event news**

____ **I would like this gift to remain anonymous**

Payment information

Donation Amount: _____

Visa/MasterCard: _____

Exp: ____/____

Thank you for your donation.

Your gift will make a difference in the lives of the families we serve.

EIN: 77-0283072



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