

Yes, I want to give! Here is my gift of: \_\_\_\_\_

**Method of Gift:**

\_\_\_\_ My check is enclosed, payable to Old Mill Center for Children and Families

\_\_\_\_ I would like to make a monthly electronic funds transfer of \_\_\_\_\_ – please send appropriate form

\_\_\_\_ Please charge my: Visa MasterCard Card # \_\_\_\_\_

Expires \_\_\_\_\_ Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Address \_\_\_\_\_

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

Contact phone \_\_\_\_\_ email \_\_\_\_\_

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**Another opportunity to give...I would like to make sure services for children and families continue by Sponsoring-**

\_\_\_\_ Children with social, emotional or behavioral problems receive the help needed to stabilize and remain in community preschool or childcare setting \$750 a year for 5 years

\_\_\_\_ The co-parenting program to support parents and children through the stress of divorce and help parents address their children's needs during and after divorce \$1,000 a year for 5 years

\_\_\_\_ Children for therapy that are victims of sexual/physical abuse and have been in multiple foster homes \$2,500 a year for 5 years

\_\_\_\_ Four support groups (32 youth) to address issues arising from physical and/or emotional abuse; grief/loss; domestic violence; parental drug and/or alcohol use \$5,000 a year for 5 years

\_\_\_\_ Children with autism, ADD/ADHD, cerebral palsy or an emotional disturbance that requires intensive classroom and/or therapeutic treatment services \$10,000 to be paid over \_\_\_\_\_

\_\_\_\_ Please contact me about Planned Giving  
Tic scholarship fund  
Capital campaign  
General

I would like to contribute in other ways, please contact me

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**Old Mill Center for Children and Families provides a full range of programs and services that promote the well being of children and families**  
*Of the programs we provide, which interests you most?*

- |   |   |                                      |
|---|---|--------------------------------------|
| ____ Occupational, Physical & Speech  | ____ Psychiatric Day Treatment Program                          | ____ Therapy Inclusion Classrooms    |
| ____ ChildSafe Sex Abuse Treatment Program  | ____ Community Safety Net (for children at high risk for abuse) | ____ Healthy Start                   |
| ____ Outpatient Mental Health Services  | ____ Family & Parent/Guardian Counseling                        | ____ School Based Counseling         |
| ____ Parent Education Programs  | ____ Psychiatric Evaluation & Medication Management             | ____ Court Mandated Parent Education |
| ____ Outreach Support and Consultation (for preschool children with social, emotional and/or behavior problems) |   |                                      |