

Enclosed is my gift to the New Hampshire Children's Trust Fund, Prevent Child Abuse NH

NAME _____ STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

E-MAIL _____

Total Donation: **\$1,200** (\$100 per month) **\$600** (\$50 per month) **\$365** (only \$1 per day)
 \$120 (\$10 per month) **\$52** (only \$1 per week) **Other \$** _____

Three Convenient Ways to Pay:

- 1. My check made out to NHCTF is enclosed for: \$ _____
 - 2. I will pay by credit card by visiting the Website, **www.nhctf.org** and clicking on "Donate"
 - 3. Bill me: \$ _____
- Quarterly
 Monthly
 Weekly

Please dedicate my gift —

In honor of: In memory of: Name: _____

Please inform the person named below of this gift —

Name: _____

Street: _____

City/Town: _____ State: _____ Zip: _____

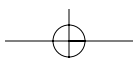
Sign me up for the e-newsletter E-mail: _____

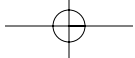
Contact me — I wish to discuss volunteer opportunities or other ways to keep children safe and families strong.

I wish to remain anonymous on the Donor List.

Thank you!

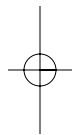
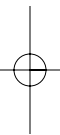
www.nhctf.org





NEW HAMPSHIRE CHILDREN'S TRUST FUND
10 FERRY STREET, SUITE 315
CONCORD, NH 03301

Please Affix
First Class
Postage



Prevent Child Abuse, New Hampshire Chapter
Keeping children safe and families strong
www.nhctf.org

"Children are one third of our population and all of our future."

- Select Panel for the Promotion of Child Health, 1981

