

***My gift to the New Hampshire Children's Trust Fund,  
Prevent Child Abuse NH***

NAME (As you would like it to appear in our publications)

STREET ADDRESS

CITY

STATE

ZIP

PHONE (Include Area Code)

E-MAIL ADDRESS

**I wish to remain anonymous on the Donor List.**

**Sign me up for the e-newsletter:**

E-MAIL ADDRESS

**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](http://www.nhctf.org) and clicking on "Donate"
3. Bill me: \$ \_\_\_\_\_
  - Quarterly
  - By Mail
  - Monthly
  - By E-mail
  - 2 times/year

***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: \_\_\_\_\_

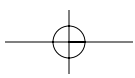
**Contact me — I wish to discuss:**     Volunteer opportunities     Event sponsorship opportunities

**How to include the New Hampshire Children's Trust Fund in my estate plans**

***Thank you!***

**www.nhctf.org**

**info@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*

*"In New Hampshire, 8,991 children were victims of substantiated abuse by a caregiver or household member over the past ten-year period, ending in 2008."* – New Hampshire Department of Health and Human Services

