

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 _____

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

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)