



CHILDREN'S DISPENSARY

"A PLACE TO BE ME"

Mission Statement: To enhance the learning and enrich the lives of people with special needs.

Underwriting Form

Please print information here:

Donor _____

Contact Person _____

Mailing Address _____

City/State/ZIP _____

Phone _____ Fax _____ Cell _____

Email _____ Web Site _____

Program Underwriting

*My logo or corporate identification will be seen per the request below. (Attach business card)

- \$100 Business Card
- \$250 Half-page
- \$500 Full Page

*Corporate Identification instructions: _____

Cash Donations

- Yes, I will make a cash contribution to the Children's Dispensary to benefit children with special needs.

*My name should appear for the request below:

- \$1,000 Gold Star
- \$500 Silver Star
- \$250 Bronze Star
- \$150 Orange Star
- Other: Enclosed is my check for \$ _____

*Please list name to be printed here: _____

Donations will be used at the discretion of the Children's Dispensary.
Please mail or fax to Doris Ann Doyle, Executive Director
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E-mail: cdaplacetobeme@sbcglobal.net Web Site: www.childrensdispensary.org