



Improving the quality of child care all year long!

Giving levels:

- CHAMPION: \$5,000
- PARTNER: \$1,000
- ADVOCATE: \$500
- ENTHUSIAST: \$250
- PATRON: \$100
- MEMBER: \$50
- OTHER: \$ _____

Your name will be publicized to encourage others to give unless you request to be anonymous.

I prefer to remain anonymous

NAME

ADDRESS

CITY STATE ZIP

PHONE

EMAIL

Please use my gift for:

- Annual Fund - where the need is the greatest
- Designate to: _____

Payment method:

- CHECK (Payable to Child Care Aware® of Kansas)
- PLEASE BILL MY: VISA Mastercard

CARD NUMBER

EXP. DATE

SIGNATURE

Child Care Aware® of Kansas
P.O. Box 2294, Salina, KS 67402-2294