

# The Children's Center of Hamden

## Donation Form

### I Want to Help These Needy Children

Donation Amount \$ \_\_\_\_\_

Please make check payable to The Children's Center of Hamden

Does your company have a Matching Gift Program? Double the value of your donation.  
Please check with your Human Resources Department for the appropriate form.

Please send acknowledgement to:

Name: \_\_\_\_\_

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This gift is:      in memory of      in honor of

(name) \_\_\_\_\_

Please acknowledge my gift to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**Thank You! Your tax deductible contribution is greatly appreciated!**

**Mail to:**

**Diane Bell Surprenant  
Director of Personnel & Development  
The Children's Center of Hamden  
1400 Whitney Avenue  
Hamden, CT 06517**