



Carrera ADOLESCENT PREGNANCY PREVENTION PROGRAM

To make a donation to The Children's Aid Society Carrera Adolescent Pregnancy Prevention Program, print out this form, fill it in and fax or mail it to:

Carrera Adolescent Pregnancy Prevention Program

The Children's Aid Society
150 East 22nd Street, Room 504
New York, NY 110010
Attn: Director of Planned Giving
Fax: (212) 477-3705

Donor Information

Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Daytime Telephone: _____
E-mail: _____

Please check here if you would like your gift to The Children's Aid Society Carrera Adolescent Pregnancy Prevention Program to be anonymous _____

Delivering Broker

Delivering Brokerage Firm: _____
Broker's Name: _____
Broker's Telephone: _____

Securities Being Donated

Date of Transfer: _____
of Shares: _____ Name of Security: _____
of Shares: _____ Name of Security: _____
of Shares: _____ Name of Security: _____

Tribute Information

If this gift is made in honor or in memory of someone, please check below: _____ In Honor _____ In
Memory
Name of Honoree: _____
Occasion: _____

To whom should we send an announcement of your gift?
(We will not tell them the dollar amount, only that we have received a donation from you.)

Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____