



**Help Understanding Guidance and Support**

I want to help The Children's Healing Institute in Palm Beach and Broward counties. Please enroll me in the following donor category and place me on your mailing list.

**DONOR LEVEL**

\$1,000    \$500    \$250    \$100    \$50    Other \$ \_\_\_\_\_

Mr./Ms./Mrs. \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Please keep my gift anonymous

**METHOD OF PAYMENT** (Please check)

Check enclosed    VISA    Mastercard

Credit Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_ Billing address (if different from above):

\_\_\_\_\_

**MEMORIAL OR HONORARY DONATIONS**

This gift is in honor/memory (circle one) of: \_\_\_\_\_

Please notify the following person that I have made a gift in honor/memory of the person noted above. I understand the amount of my gift is not mentioned in the letter.

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

**SEND DONATIONS TO:**

The Children's Healing Institute  
Attn: Development Department  
1199 West Lantana Road  
Lantana, Florida 33462  
PH (561) 585-1650 FAX (561) 585-468  
[www.childrenshealinginstitute.org](http://www.childrenshealinginstitute.org)

A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL FREE 1-800-435-7352, WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE. CH6050