

You can also donate by **CALLING** 785-825-4493 or **ONLINE** at www.capsosalina.org through Paypal!



CHILD ADVOCACY & PARENTING SERVICES, INC.

Choose how you would like to give, then mail form to:

CAPS of Salina
155 N. Oakdale Ave., Suite 200
Salina, KS 67401



Ways to support CAPS

NAME _____

ADDRESS _____

CITY _____ STATE / ZIP _____

EMAIL _____ PHONE _____

CASH / CHECK \$ _____

CREDIT / DEBIT \$ _____

VISA MasterCard Discover

CARD NUMBER _____ EXP. DATE _____ 3-DIGIT CODE _____

SIGNATURE _____ DATE _____

(Please add 3% for credit card processing fee)

MONTHLY PLEDGE \$ _____

I would like to make a monthly pledge by electronic transfer.

Please transfer my monthly pledge on the: 1st of the month 15th of the month

The monthly pledge will come from my: checking account savings account

Start my monthly transfers on this date: _____

I have provided the necessary banking information to begin the transfer program by enclosing this month's donation check or voided blank check.

This authorization will be the same as if I had personally signed a check and will remain in effect until I notify CAPS that I wish to change or terminate it.

SIGNATURE _____ DATE _____

LEGACY GIFT

I am interested in leaving Legacy Gift to CAPS through the Greater Salina Community Foundation, directly endowed to CAPS Sustaining Fund or as administered through my estate.

Please contact me at: _____

HOST A MEETING I am interested in hosting CAPS at an informational meeting.

Please contact me at: _____

VOLUNTEER I am interested in volunteering.

Please contact me at: _____