

Donor Information

| Name: | | | | |
|---|---|---|--|---------------------------------------|
| Organization | /Business: | | | |
| Address: | | | | |
| City: | | | State: | Zip: |
| Phone: | | En | nail: | |
| Yes, pleaseYes, please | list my name as it ap | - | sted otherwise. | |
| | - | in memory of | | |
| | If you would like us to notify the person/family of your tribute gift, please print their complete name and mailing address here (your gift amount is kept confidential): | | | |
| | | | | |
| | Please make your check payable to: Every Child, Inc. | | | |
| | lease contact Jaime | Simmons, Director of I jsimmons@ever | | 500 ext. 252 or |
| | THANK YOU f | or thinking of Every (| Child, Inc. with your phil | anthropy! |
| | | Please complete & r Every Chi ATTN: Dev 1425 Forbes Ave Pittsburgh, | ild, Inc. elopment enue, Suite 300 | |
| Every Child, Inc | . is a non-profit 501c3 orga | anization as determined by the | IRS: #023-2914614. Donations are | e tax-deductible to the extent of IRS |

Every Child, Inc. is a non-profit 501c3 organization as determined by the IRS: #023-2914614. Donations are tax-deductible to the extent of IRS guidelines. If any goods and/or services were received for this contribution they will be noted on your receipt at the fair market value and deducted from your contribution amount.