

# YES, I want to restore the HOPE of a child who has experienced sexual or physical abuse

## I want to make a:

- Monthly donation of \$ \_\_\_\_\_ per month for 1 year.
- One-time donation of:
- |                                  |                                  |                                |                                |
|----------------------------------|----------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> \$2,500 | <input type="checkbox"/> \$1,000 | <input type="checkbox"/> \$500 | <input type="checkbox"/> \$250 |
| <input type="checkbox"/> \$100   | <input type="checkbox"/> \$50    | <input type="checkbox"/> \$25  | <input type="checkbox"/> \$___ |

## Payment Method

- Check payable to Willow Tree is enclosed.
- Credit card:
- 
- Exp. Date: \_\_\_\_/\_\_\_\_ 3-digit security code: \_\_\_\_\_
- Donate online: [www.willowtreecac.org](http://www.willowtreecac.org)

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

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

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

- I wish for my gift to remain anonymous.
- My company will match this gift. I have enclosed any forms.
- I have included Willow Tree in my will or estate plan.
- I'd like to learn more about leaving a gift in my will or estate plan.

## THANK YOU!

**All contributions are tax deductible.**

*Willow Tree is an entity of Family Services, a  
501(c)(3) nonprofit organization.*



**Willow Tree**

Cornerstone Child Advocacy Center