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____ Enclosed is my gift of \$ _____ (please make checks payable to Day Nursery of Abilene)

____ Draft my bank account for \$ _____ per month (15th of each month) for _____ months.

Total gift \$ _____. Please complete the following bank authorization information. I(we) hereby authorize Day Nursery of Abilene (DNA) to initiate entries to my accounts at the FINANCIAL INSTITUTION as follows--

Bank name and address _____

Routing number _____ Account number _____

Authorized Account Signature _____ Date _____

Please complete and mail in the following donor information--

Name (printed): _____ phone _____

Mailing address: _____ City, State, Zip _____

Email address: _____

Signature _____ Date _____

A gift to the Day Nursery can be a meaningful tribute in honor of a special person, occasion or in memory of a loved one.

\$ _____ Gift given is: ____ In memory of ____ In honor of

Name _____

Occasion _____

Please send a gift acknowledgement to (amounts are not disclosed) :

Name _____

Mailing address _____

City, State, Zip _____

Planned giving opportunities available. Please indicate the following:

___ Day Nursery is named in my will ___I would like to discuss leaving Day Nursery in my will

Day Nursery of Abilene is a non-profit 501(c) (3) charitable organization. Gifts are tax deductible.

Donations directly impact the children's program and allow us to achieve the goal in place to secure critical matching funds. Giving is significant today more than ever to secure the future of children served by the Day Nursery of Abilene.

Day Nursery of Abilene, providing affordable quality child care for a diverse community.

Thank you for making a difference...one child at a time!