

**Please accept my gift for the youth and families at Chileda.**

\$25    \$50    \$100    \$500    \$1,000    Other \$ \_\_\_\_\_

Please charge my credit card:    Visa    MasterCard

Card # \_\_\_\_\_ Name \_\_\_\_\_

Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_ Signature \_\_\_\_\_

★ Deduct above amount from my credit card:    Once    Monthly    Quarterly    Annually

Name \_\_\_\_\_ Company \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

Please make my gift in    Memory of    Honor of \_\_\_\_\_

★ **Please make checks payable to Chileda.** All gifts are tax deductible.    *I prefer not to be recognized.*

**Matching Employer Gift**

Are you employed by an organization with a matching gift program? Please let them know about your donation!



*Improving the  
quality of life  
for youth with  
cognitive challenges  
and extraordinary  
behavioral needs.*

**Please send your payment to Chileda – 1825 Victory Street, La Crosse, WI 54601**

*December 2018*