



Contribution Form

Please mail your form and donation to: Caswell County Partnership for Children Smart Start PO Box 664, Yanceyville, NC 27379

Caswell County Partnership for Children unites the community to provide families with resources and services to enable all children to reach their fullest potential.

I would like to					l County Partnership for Childre atest resource.	en
	Please	select your	tax-deduc	tible dona	tion amount:	
□ \$500	□ \$250	□ \$100	□ \$50	□ \$25	☐ Other \$	
Pleas	se make che	cks payable	to Caswe	l County P	artnership for Children	
Name:						
Mailing Address:						
City, State, Zip Co	de:					
Email Address:						
Phone Number: _						
☐ My employer, program. Pleas					has a matching gift	
☐ Tribute Gift: I v	want to don	ate in hono	r or memo	ry of some	eone.	
Name of person to be honored:						
Send acknowledgement to: Name:						
Ma	viling Addro	ss:				
	illing Addres					
					CPFC. Please add me to your	

No goods or services were provided in exchange for this contribution. This contribution is tax-deductible to the fullest extent allowed by law. The Caswell County Partnership for Children is a 501 (c)(3) taxexempt organization. Financial information about this organization and a copy of its license are available from the State Solicitation Licensing Branch at 919-814-5400. The license is not an endorsement by the State.