



Deirdre's House  
*The Center for Morris County's Child Victims*

[www.deirdreshouse.org](http://www.deirdreshouse.org)

There is always a moment in childhood when a door opens and lets the future in.  
*-Graham Green*

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

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

\_\_\_\_\_

Mail To:  
Deirdre's House  
8 Court Street  
Morristown, NJ 07960

## Thank you for your support!

To help close the door on hurt and pain, and open a window of hope and healing, I have enclosed the following tax deductible gift:

(Fed ID #22-3308574)

\$100     \$500     \$1000     \$5000     Other \$ \_\_\_\_\_

To be paid:  Annually     Semi-Annually     Quarterly     Monthly-Starting \_\_\_\_/\_\_\_\_/\_\_\_\_

### Use my gift for:

wherever it is needed most

D.E.A.R. Camp

S.H.I.N.E

The Healing Fund

Endowment

I make my gift in memory of:

\_\_\_\_\_

I make my gift in honor of:

\_\_\_\_\_

Please make checks payable to:

*Deirdre's House*

### Please acknowledge my gift to:

Name \_\_\_\_\_

Address \_\_\_\_\_

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

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

Payment Type:     Visa     Mastercard     Amex     Check

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

I would like more information about planned giving options (wills, trusts, bequests).

My company has a matching gift program. I have enclosed the form:

Please send me information on making donations of stocks, frequent flier miles, or program reward points.