

YES, I want to support Children's Research Triangle's clinical programs and Camp SOAR.

Please check the appropriate donor level:

- Leader \$5,000
- Benefactor \$2,500
- Champion \$1,000
- Supporter \$500
- \$250
- \$100
- \$50
- \$25
- Other _____

In Honor of _____ **In Memory of** _____

- I would like my gift to be anonymous
- I am involved in a corporate matching program
- Please send me information on volunteer opportunities

Please send acknowledgement to:

Make your gift on-line by visiting: www.childstudy.org

PLEASE PRINT

Please make your check payable to Children's Research Triangle, or complete the form below to use your credit card.

Charge my VISA Mastercard Discover American Express

Name: _____ Phone: _____

Address: _____

Card #: _____ Expiration Date: _____

3 Digit Security Code: _____ Email: _____

Signature: _____