

Donate by Check

___ Check payable to
The Community Foundation,
Memo: HRCDDC Building Fund.

Please remit checks in the enclosed envelope.

Alternate Donation Options

___ Other (Securities, Insurance, Property, IRA distribution). Please check below and a representative from the Community Foundation will contact you.

Contributor Information

___ Donor wishes to be recognized in print materials as _____

___ Donor wishes the gift to be anonymous.

___ Donor wishes to make the gift in honor/memory of _____

___ Donor is interested in planned gift opportunities. Please contact with more information.

___ Donor wishes to discuss one of the many naming opportunities available.

Donor Signature _____

Date _____

Harrisonburg Rockingham Child Day Care Center

P.O. Box 344, Harrisonburg VA 22803

(540) 434-5268
www.hrdaycare.org