THE DISCOVERY CENTER

A classroom without walls for a future without prejudice

Donor Mail In Form

Name/Company _____

Signature _____**Date** _____

Daytime Telephone _____

I wish to make my donations as follows:
(Please check appropriate box)

☐ **Donation for the first year is enclosed and I will make a decision on the following two years later.**

A donation for FY 2010 of $ _____ is enclosed.

☐ **I wish to make a multiyear pledge**

First Year	**Approximate date: _____**	**Amount $ _____**
Second Year	**Approximate date: _____**	**Amount $ _____**
Third Year	**Approximate date: _____**	**Amount $ _____**

Type of Gift: ☐ **Cash / Check**
☐ **Please charge my credit card:** ☐ **Visa** ☐ **Master Card** ☐ **Discovery**
Account Number:_____
Signature: _____

Special conditions for the use of my funds: (Please describe, if any)
_____
_____

Contributions are tax-deductible for income tax purposes and qualify for matching gifts. Please indicate if your gift qualifies for a "matching gift" program.

☐ **Yes** ☐ **No** ☐ **Not Sure**

Please return this form to:

The Discovery Center
790 Farmington Avenue – Suite 4A
Farmington, CT 06032
Tel: 860-284-9489 Fax: 860-284-9637