

YES, I would like to be a FRIEND OF WESLEY!

Name (s): _____
(Please list your name(s) as you wish it to appear on our donor recognition list)

Full Address: _____

_____ Zip _____

E-Mail Address _____



Supporter \$100 and above _____

Sponsor \$50 - \$99 _____

Member \$25 - \$49 _____

Kindly make checks payable to FRIENDS of WESLEY.

To pay by credit card on-line, go to our homepage at www.wesleychildcarecenter.com and click on the on-line payments link. Print out your receipt and mail it in with your donation form.

We have enclosed a return envelope for your convenience.

Thank You for your support!

Matching funds for Wesley Child Care Center may be available through your employer. Please contact your place of employment.

~Contributions are Tax Deductible~



Please Apply My Donation
Toward The Following Program:

- _____ Scholarship Program
- _____ Preschool Program
- _____ Kindergarten Enrichment Program
- _____ School-Age Before/After School Programs
- _____ School-Age Summer Camp
- _____ Program Enhancements
- _____ Please use my donation towards
towards the strongest need.