



**I would like to make a  
Gift that Matters**

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

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**I would like to make a tax-deductible  
gift(s) to the Leelanau Children's Center  
of:**

**Creative Play:**

\$500  \$150  \$50  \$ \_\_\_\_\_

**Literacy:**

\$500  \$150  \$50  \$ \_\_\_\_\_

**Fresh Food:**

\$500  \$150  \$50  \$ \_\_\_\_\_

**Gardens:**

\$500  \$150  \$50  \$ \_\_\_\_\_

**Scholarships:**

\$2500  \$500  \$100  \$ \_\_\_\_\_

**Wherever my gift is most needed:**

\$ \_\_\_\_\_

*Please continue on reverse...*

**I WOULD LIKE TO ORDER:**

**THANK YOU note cards**

Qty: \_\_\_\_\_ x \$12.72 = \$ \_\_\_\_\_  
+ \$3.50 s/h = \$ \_\_\_\_\_

**SONGS FROM THE CIRCLE CD**

Qty: \_\_\_\_\_ x \$15.90 = \$ \_\_\_\_\_  
+ \$3.50 s/h = \$ \_\_\_\_\_

**PAYMENT:**

• To pay by check, please make payable to *Leelanau Children's Center*

• To pay by MASTERCARD or VISA, please complete:

Total amount to bill card: \$ \_\_\_\_\_

Card #: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Security code: \_\_\_\_\_

Billing Address (if different than on reverse):  
\_\_\_\_\_  
\_\_\_\_\_

Billing Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_

**SHIPPING INFO (if different than on reverse):**

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

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

***THANK YOU!***

**Leelanau Children's Center**

CHILDREN MATTER.

P.O. Box 317

Leland, Michigan 49654

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