



# Child Advocacy Center

*of Sedgwick County*

130 S Market, Ste 5052  
Wichita, KS 67202

## GIFT COMMITMENT

Name(s): \_\_\_\_\_

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

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

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

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

I/We wish to give \$ \_\_\_\_\_

- Yes, the CACSC may publicly acknowledge this gift.
- No, please do not acknowledge my gift publicly.

### **Giving Schedule**

*Donation Enclosed*

**or**

*Payment as noted below (reminders will be sent):*

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC

### **Donor Categories**

- Architect of Dreams ..... \$100,000
- Centurion ..... \$ 50,000
- Protector of Hope ..... \$ 25,000
- Guardian Angel ..... \$ 10,000
- Champion ..... \$ 5,000
- Shining Star ..... \$ 1,000
- Advocate for Change ..... \$ 500
- Shepherd ..... \$ 100
- Good Neighbor ..... \$ 50
- Helping Hand ..... \$ 25
- Supporter ..... Other

*Thank you for helping the children of Sedgwick County!*