

The pledge form below can be printed and sent to us at:
Hillcrest Educational centers, Inc.
Development Department
PO Box 4699
Pittsfield, MA 01202

I / we want to help Hillcrest Educational Centers continue to provide the highest quality of care to the children they treat.

Name(s): _____

Address: _____ City: _____

State: _____ Zip: _____

Home Phone(_____) _____ Business Phone(_____) _____

Affiliation to Hillcrest (if any) _____

Type of donation:

Restricted Gift: Purpose of my gift: _____

Annual / one time gift

Annual Holiday Wish Program

Method of payment (check one):

Enclosed is my gift (check or money order) to Hillcrest Educational Centers for \$ _____

Please bill my credit card \$ _____ Type of card _____

Name on card: _____ Expiration Date: ____/____/____

Card # _____ Signature: _____

I would like my gift to be noted in memory of: _____

I would like my gift to be noted in honor of: _____

Comments / Questions: _____