

Please accept my gift for the youth and families at Chileda.

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Please charge my credit card: Visa MasterCard

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★ Deduct above amount from my credit card: Once Monthly Quarterly Annually

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Please make my gift in Memory of Honor of _____

★ **Please make checks payable to Chileda.** All gifts are tax deductible. *I prefer not to be recognized.*

Matching Employer Gift

Are you employed by an organization with a matching gift program? Please let them know about your donation!



*Improving the
quality of life
for youth with
cognitive challenges
and extraordinary
behavioral needs.*

Please send your payment to Chileda – 1825 Victory Street, La Crosse, WI 54601

Website