

*Austin Child Guidance Center  
Voices for Children Giving Society*



**About**

The Austin Child Guidance Center's Voices for Children Giving Society is a group of benefactors comprised of individuals who are committed to provide sustaining philanthropic support so that underserved children and families can receive quality mental health services at the Austin Child Guidance Center (ACGC). Through donations and advocacy generated through this group of humanitarians, children requiring behavioral healthcare will be served, regardless of their ability to pay.

**How to Become a Member**

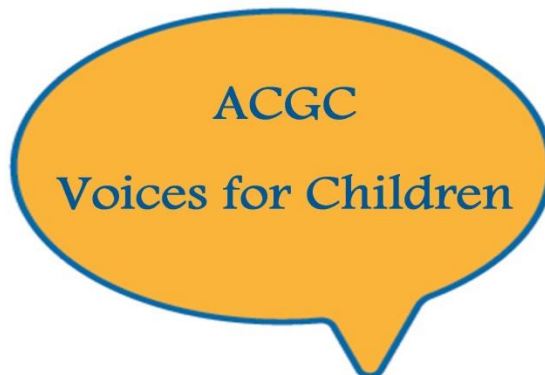
Voices for Children members commit to a multi-year pledge of three years at \$1,000 or more per year to help provide sustainable funding to ACGC. If you are interested in becoming a Voices for Children Giving Society member, please fill out the attached pledge form and return it to Renee Hanson Malone at 810 W. 45th Street, Austin TX 78751 or email it to [rhanson@austinchildguidance.org](mailto:rhanson@austinchildguidance.org). For questions call 512-451-2242 ext. 103.

**Fulfilling Your Commitment**

Your pledge can be paid in monthly, quarterly or annual payments. They can be automatically drafted or paid via check, online, stock transfer or over the phone. You can also utilize employee matching by giving through your employer.

**Member Benefits**

- Name Recognition on the Voices for Children Wall at the Center
- Recognition at events, website and Annual Report
- Invite to two exclusive receptions per year, with the opportunity to invite friends
- Invite to Annual Coffee Meeting with ACGC Executive Director
- ACGC Voices for Children Lapel Pin
- Contributions are 100% tax deductible





Yes! I would like to become an ACGC  
Voices for Children Giving Society member.



I Pledge the following amount per year for 3 years

☐

\$1,000 i.e. \$250/quarter or \$83/month

☐

\$2,000

☐

\$5,000

☐

\$10,000

☐

\$\_\_\_\_\_ Other amount

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I would like to pay:

☐

Annually

☐

Quarterly

☐

Monthly

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**MY DONATION WILL BE MATCHED BY MY EMPLOYER.**

Company Name\_\_\_\_\_

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

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

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

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

**Payment Options:**

☐ Pay by Check

☐ Pay online: [www.austinchildguidance.org](http://www.austinchildguidance.org)

☐ Pay by Credit Card: ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

CC Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

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

(All forms of payment must be signed and dated)