



Contribution Form

Print this form and mail it to Canopy Center

1457 E. Washington Ave.
Suite 102
Madison, WI 53703
phone 608.241.4888
fax 608.241.4825
www.canopycenter.org

Enclosed is my contribution for:

\$200 \$100 \$50 \$25 other_____

*Make checks payable to **Canopy Center***

I would like to hear about volunteer opportunities too. Here are my interests and skills:

- | | |
|--|---|
| <input type="checkbox"/> parent support group facilitation | <input type="checkbox"/> childcare |
| <input type="checkbox"/> teen support group facilitation | <input type="checkbox"/> parent stressline |
| <input type="checkbox"/> meal preparation and clean up | <input type="checkbox"/> fundraising |
| <input type="checkbox"/> special event assistance | <input type="checkbox"/> board of directors |
| <input type="checkbox"/> sexual abuse treatment group facilitation | |

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (_____) _____

E-Mail: _____