



L.I. Child and Family Development Services, Inc.
98 Austin Street
Patchogue, NY 11772
(631) 758-5200 / Fax: (631) 758-3512

*Your giving reaches the hearts and lives of
Suffolk County's needy children and families.*

May, 2008

Dear Friends,

Since 1966 Long Island Head Start has been providing quality pre-school educational programs and family support services to low income families throughout Suffolk County. Because of our Head Start and Early Head Start programs many disadvantaged children enter kindergarten with improved self-esteem and a joy for learning.

Last year, Federal funding cuts negatively impacted our ability to provide the spectrum of services our 1,600+ families and children needed. We are still feeling the impact of these budget cuts today and hope to improve this situation by reaching out to our friends and community members who know the value of helping children and families in need.

Please join our Friends of Long Island Head Start Annual Giving Program; you can make a difference. Print and mail the donor form along with your tax-deductible donation. Feel free to call 631-758-5200, extension 129 should you need additional information.

Breaking the cycle of poverty and improving families on Long Island is our goal. Thank you for caring about our children, our families and our program. The best beginning is a Head Start!

Sincerely,

Kathleen "Kit" Cafaro
Board of Directors, Treasurer

Donation Form

Friends of Long Island Head Start Annual Giving Program

Making an annual gift is the best way to give. It provides Long Island Head Start with a stable and predictable source of income that will help supplement Federal cuts and meet the needs of our children and families. We are a 501(c) 3 organization so your donation is tax deductible. We are deeply grateful for any amount you are able to give.

Yes, I wish to make an annual tax deductible donation of:

Bronze Level \$25 Silver Level \$50 Gold Level \$100 Platinum Level \$500 Diamond Level \$1,000

Other Amount _____

I have enclosed my check made payable to Long Island Head Start

Please charge my donation to:

My _____ Credit Card Account Number: _____

Expiration Date: _____ Signature: _____

Please send me information about your Volunteer Program

Please send me more information about your Program Services

My name: _____

Organization: _____

Address: _____

Email: _____

Phone: _____

Please note, your personal information will not be disclosed to any other organizations. We ask for your authorization to post your name in our newsletter and website as a valued contributor to the Friends of Long Island Head Start Annual Giving Program.

I authorize you to add my name to the list of valued contributors of the Friends of Long Island Head Start Annual Giving Program to be posted in your agency's newsletter and Website.

I do not wish to have my name added to your list of valued contributors for posting in your newsletter or agency website.



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