# CIRCLE OF CIRCLE

**Hope.** It's a thread that runs through everything we do at Bivona Child Advocacy Center. **Hope** for holistic healing for survivors of child abuse. **Hope** that broader education initiatives will lead to effective prevention. **Hope** that we will one day live in a community where our services are no longer necessary. Even our address — One Mount **Hope** Avenue — encourages us to see through that lens every single day.

**Bivona Child Advocacy Center Circle of Hope** was created to encourage commitments of three consecutive years of giving and donor participation, allowing us to best use your gift for programmatic and organizational needs.

These commitments will sustain compassionate support for abuse survivors and their caregivers, continue to ensure that survivors are not re-traumatized as they seek justice, and push for broader education to help address the roots of child abuse.

### Please join us in providing **hope** to the children who walk through our doors every day.



#### **HEALTH & HEALING**

Fund expanded mental health services and make a lasting difference in a traumatized child's life. This is Bivona's most important strategic initiative, help us make it a reality.

#### **EDUCATION**

Provide prevention education for children and adults, teaching skills to ensure the safety of children in our community.

Help us continue our growing partnerships with our neighbors!

#### GROWTH

Support the training of our staff so that Bivona continues to offer the most advanced services available in the field of child abuse. Your support will allow us to bring in additional people with specific skills and expertise to expand our services.



## BIVONA CHILD ADVOCACY CENTER CIRCLE OF CIRCLE OF

### MEMBERSHIP PLEDGE FORM

The Circle of Hope recognizes donors who make annual gifts to Bivona Child Advocacy Center for a three-year commitment.

MEMBERSHIP LEVELS" (Amounts represent annual payments)				
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☐ This is a joint gift:	Spouse/Partner Name	Birthday		
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For Circle of Hope ho	onor rolls, please list my/our nam	e(s) as follows: _		
☐ I/We prefer that this gift remain anonymous.		☐ I/We prefer not to be listed on printed honor rolls.		
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☐ Enclosed is \$		(Please ma	ke check payable to Bivona	Child Advocacy Center)
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☐ I am interested in le	earning more about an automatic	payment plan. (F	Please call our Finance Depa	artment at 585-935-7834)
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☐ I intend to arrange	annual payments from (Donor-ad	dvised fund or fol	undation)	

☐ My gift will be matched by .

(Please include matching gift form)