



## DONATION FORM

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

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

\_\_\_\_\_

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

Phone Number: \_\_\_\_\_

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

Preferred method for receiving acknowledgement: \_\_\_\_\_ card/letter or \_\_\_\_\_ email

Amount of donation: \_\_\_\_\_

For donations of \$100 or more, you may specify a Children's Fund project to receive your support. Please indicate.

\_\_\_\_\_

You may make your donation online or mail a check payable to Children's Fund to:

**Children's Fund**  
**P O Box 7936**  
**McLean, Virginia 22106**

Please indicate if this is in honor of or in memory of someone.

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

Who should receive the notification of the above donation?

\_\_\_\_\_

Children's Fund © is a non-profit [501 (C)(3)] public charity dedicated to improving the health, education and well being of disadvantaged children and youth in the U.S. and in less developed countries.

