



building brighter futures worldwide

## DONATION FORM

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

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

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

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

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

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

Please check preferred method for receiving acknowledgement:

card/letter    email

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

Please make your check payable to:

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

Please indicate if this is:    in honor of    in memory of

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

Who should receive notification of this donation if other than yourself?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional note and/or comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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