



MEMORIAL & HONOR GIFTS FORM

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Rebuilding futures, one child at a time.

I would like to donate the following amount: \$ _____

Donating by check

Please mail your check to the address above.

If donating by Credit Card, please provide us with the following information

Circle your type of Credit Card: VISA MasterCard American Express Discover

Credit Card number _____ Exp. Date _____

Name on the Card _____

Please provide the following information in full

Circle your preferred title: Ms. Mrs. Mr. Dr. None Other

First Name _____ Last Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Country _____

Email _____ I do not want to receive email updates

Daytime Phone _____ Evening Phone _____

Please provide us with the Gift Card Information

Circle one: **In Memory of** **In Honor of**

Title _____ First Name _____ Last Name _____

I would like a card without the gift amount mailed to:

Title _____ First Name _____ Last Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

How would you like the card to be signed?

(Please limit this to around 40 characters due to limited space on the card)

Thank You.