



# Abandoned Children's Fund

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## DONATION FORM FOR MAKING A MEMORIAL GIFT

THANK YOU for choosing the work of Abandoned Children's Fund to memorialize the life of a loved one. Please print this two-page form, fill it out completely, and fax to (888) 884-0567 (credit card donations only) or mail to:

Abandoned Children's Fund  
ID-GEN-A  
2360 Mendocino Ave. A2-220  
Santa Rosa, CA 95403-3154  
Phone/Fax: (888) 884-0567

**Amount of Gift:** \$ \_\_\_\_\_

\_\_\_\_\_ One-time gift      \_\_\_\_\_ Monthly gift (unless specified, only one thank you letter will be sent at the end of the year)

\_\_\_\_\_ Other

### Method of Payment:

\_\_\_\_\_ Check or Money Order (Please make your check payable to *Abandoned Children's Fund*)

\_\_\_\_\_ Credit Card Type:    \_\_\_\_\_ VISA    \_\_\_\_\_ MasterCard    \_\_\_\_\_ AmEx    \_\_\_\_\_ Discover

Authorized Signature: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### Your Information:

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

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

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

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

### Memorial Designee Information:

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

**Would you like someone other than yourself to receive notification of this memorial gift?**

Name: \_\_\_\_\_ Relationship to Designee: \_\_\_\_\_

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

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

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

**Donation Instructions:**

Please use my gift for the following:

\_\_\_\_\_ Where most needed                      \_\_\_\_\_ Children's Homes                      \_\_\_\_\_ Feeding Programs

\_\_\_\_\_ Immunization Programs                      \_\_\_\_\_ Education                      \_\_\_\_\_ Vocational Training

\_\_\_\_\_ Clean Water Projects                      \_\_\_\_\_ Micro-Enterprise Development

\_\_\_\_\_ Other instructions or comments: \_\_\_\_\_

**Memorial Card Message:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Thank you! Your gift is tax deductible as allowed by law.*