



I WANT TO MAKE A DIFFERENCE IN A CHILD'S LIFE:

PERSONAL DONATION:

Donor Name: _____

BUSINESS DONATION:

Business Name: _____

Contact Name: _____ Title: _____

Address: _____

Phone: _____ circle one please: cell business home

E-mail: _____

Total Annual Donation (circle one) \$100 \$250 \$500 \$1,000 \$2,500 \$5,000

Other\$ _____ Number of years____ Monthly Payments? _____

Method of Payment - Payment enclosed

Check Credit Card (circle one) MasterCard Visa AMEX *processed by PayPal*

Card # _____ Expiration Date _____

3 digit security code on back_____ 4 digit code on front if AMEX _____

Signature: _____

Tribute: I want to remember someone special with this gift.

In Memory of _____ In honor of _____

In celebration of _____

Please send Acknowledgement letter to: Name and address: _____

Employer Matching Gift or Gifts of Appreciated Stock:

My employer has a matching gift program, or I would like to make a gift of appreciated stock

Please contact me at _____

FAX (562) 422-1102 or Mail to For The Child , 4565 California Ave, Long Beach, CA 90807