



Changing the World . . .
One Child at a Time

Toll-Free
(888) 781-1585

DONATION FORM FOR MAKING A SPECIAL OCCASION GIFT

THANK YOU for choosing the work of Children's Hunger Relief Fund to mark the value of someone you care about. Please print this two-page form, fill it out completely, and FAX to (707) 525-1310 (credit card donations only), OR MAIL to:

Children's Hunger Relief Fund
ID-GEN-A
P.O. Box 5366
Santa Rosa CA 95402

Amount of Gift: \$ _____

____ One-time gift. ____ Monthly gift. _____ Other.

Method of Payment:

____ Check or Money Order (Please make your check payable to Children's Hunger Relief Fund)

Credit Card Type: ____VISA ____MasterCard ____AmEx ____Discover

Authorized signature: _____

Credit Card Number: _____ Expiration Date: _____

CSV Code _____ (CSV or CSC Code is a 3 or 4 digit security code, usually on the back of the card except for American Express which is on the front.)

Your Information:

Name: _____ Tel: _____

Address: _____ City: _____

State: _____ Zip: _____ E-mail: _____

Gift Recipient Information:

Name: _____

Address: _____ City: _____

State: _____ Zip: _____ E-mail: _____

Thank you! Your gift is tax deductible as allowed by law. Page 1 of 2

Donation Instructions:

Please use this gift for the following:

- | | | |
|--|--|---|
| <input type="checkbox"/> Where most needed. | <input type="checkbox"/> Children's Homes. | <input type="checkbox"/> Feeding Programs. |
| <input type="checkbox"/> Disaster Relief. | <input type="checkbox"/> Immunization Programs. | <input type="checkbox"/> Education. |
| <input type="checkbox"/> Clean Water Projects | <input type="checkbox"/> Micro-Enterprise Development. | <input type="checkbox"/> Vocational Training. |
| <input type="checkbox"/> Community Agriculture Projects. | <input type="checkbox"/> Other instructions or comments: _____ | |

Gift Card Message: _____
