



Changing the World . . .
One Child at a Time

Toll-Free
(888) 781-1585

DONATION FORM FOR SENDING YOUR GIFT BY MAIL

THANK YOU for partnering with us in our work. Please print this form, fill it out completely, and 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: _____

Organization or Group (if applicable): _____

Personal Information:

Name: _____

Address: _____ City: _____

State: _____ Zip: _____ E-mail: _____

Donation Instructions:

Please use my gift for the following:

____ Where most needed	____ Community Agriculture Projects	____ Feeding Programs
____ Disaster Relief	____ Immunization Programs	____ Education
____ Clean Water Projects	____ Micro-Enterprise Development	____ Vocational Training
____ Children's Homes	Other instructions or comments: _____	

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