

## Changing the World . . . One Child at a Time

Toll-Free (888) 781-1585

## DONATION FORM FOR MAKING A MEMORIAL GIFT

THANK YOU for choosing the work of Children's Hunger Relief Fund to memorialize the life of your loved one. 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

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Check or Money Ord	ler (Please make your ch	heck payable to Children's Hunger Relief Fund)
Credit Card Type:V	ISAMasterCard _	AmExDiscover
Authorized signature:		
Credit Card Number:		Expiration Date:
CSV Code (CSV or American Express which is	_	security code, usually on the back of the card except for
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Name:		Tel:
Address:		City:
State: Zip:	E-mail:	
Memorial Designee In	formation:	
Name:		_

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

Name:	Relationship to Designee: City:		
Address:			
State: Zip:	E-mail:		
Donation Instructions:			
Please use this gift for the following: Where most needed. Disaster Relief. Clean Water Projects Community Agriculture Projects.	Children's HomesImmunization ProgramsMicro-Enterprise DevelopmentOther instructions or comments:		
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