



**children's
defense fund**
unleashing the joy in growing up

COMMITMENT OF SUPPORT FORM
AMERICAN YOUTH POLICY FORUM: POWERED BY CDF

DONOR INFORMATION

Full Name *(if registering as an individual)*:

Company/Organization *(if applicable)*:

Address:

City: |

State:

Zip:

Business: |

Mobile:

Email:

CONTACT INFORMATION *(if different than above)*

Individual Name: |

Business: |

Mobile:

Email:

COMMITMENT INFORMATION

Commitment **Amount** |

OR ☐ **Other Amount \$**

This will be **paid by** |

PAYMENT INFORMATION

☐ **Check** ☐ **Credit Card** *(online)* ☐ **Invoice me**

- Please email completed form to donations@childrensdefense.org.

AUTHORIZED OFFICER/REPRESENTATIVE

Printed Name: _____

Signature: _____

Date: _____

Formore information please contact:

American Youth Policy Forum: Powered by CDF

Lauren Reliford

Director of Public Policy, National Office

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