



## DONATION FORM

### DONOR INFORMATION

Full Name (if donating as an individual):

Company/Organization (if donating on behalf of company/organization):

Address:

City:  State:  Zip:

Mobile:  Email:

### TRIBUTE INFORMATION (if applicable)

Gift Tribute Type:  Tribute Full Name:

Notification Options:  Person to Notify:

Address:

City:  State:  Zip:

Email:

Personal Message:

### GIFT INFORMATION

**Personal/Organization** contribution:  **Amount:** \$   
 **Monthly**  **One-time**

**My company or affiliated organization**, , will match my gift:  
 **Amount** of \$  **OR**  **Percentage** of %

### PAYMENT INFORMATION:

For security of your transaction, CDF accepts the following payments:

**Check**  **Credit Card**

Credit Card Number Exp. Date CVV

Signature

- **Why donate with your bank account through ACH?** It's easy, secure and there are no credit card fees, so more of your gift goes directly to help children!
- Please submit completed form to [donations@childrensdefense.org](mailto:donations@childrensdefense.org)
- Please submit check(s) to: **Children's Defense Fund · PO Box 96368 · Washington, DC 20077-7340**

### Children's Defense Fund

is a 501(c)3 tax-exempt organization.

Donations to CDF are tax-deductible to the extent allowed by the IRS. No services or goods will be provided in consideration of this payment.

Tax ID #52-0895622