



DONATION FORM

DONOR INFORMATION

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

Company/Organization *(if applicable)*:

Address:

City: |

State:

Zip:

Business: |

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: \$

One-time Monthly Annually

My company or affiliated organization,

will match my personal gift above:

Amount of \$

OR

Percentage of

%

PAYMENT INFORMATION:

Check Credit Card Invoice me

Credit Card Number

Exp. Date

CVV

Signature

- Please submit completed form to donations@childrensdefense.org.
- Please remit check to: **Children's Defense Fund** · PO Box 96368 · Chicago, IL 60680-3631

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