



## 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](mailto:donations@childrensdefense.org).
- Please remit check to: **Children's Defense Fund · PO Box 803638 · Chicago, IL 60680-9984**

### 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