

# To make a financial contribution via mail, please print this form and send your gift to:

**Children's Defense Fund**  
Development Department  
840 First Street, NE • Washington, DC 20002



## My Contact Information:

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

*By providing your preferred email address, you will help CDF communicate with you more effectively.*

Please do not exchange my information with other organizations.

## My Payment Information:

I am enclosing my check made payable to the Children's Defense Fund.

Please charge my contribution to my:  Visa  MasterCard  American Express  Discover

◦ **One-time donation**  \$25  \$50  \$100  \$500  other \_\_\_\_\_

◦ **Monthly donation**  \$25  \$50  \$100  \$500  other \_\_\_\_\_

Name on Card: \_\_\_\_\_

Total Amount: \_\_\_\_\_ Credit Card #: \_\_\_\_\_

Expiration Date \_\_\_\_\_ CVV \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Notes or Specifications: \_\_\_\_\_

## Make a gift in honor or in memory of someone:

Honoree's Name: \_\_\_\_\_

Notification of this gift will be sent to: \_\_\_\_\_

Contact Info: \_\_\_\_\_

Optional Message: \_\_\_\_\_

No goods or services were provided in exchange for your donation; therefore, it is tax-deductible to the extent allowed by law.