

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

Children's Defense Fund
Attn: Development

P.O. Box 803630 • Chicago, IL 60680



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.