



## Donation Form

You may mail this donation to *Friends of the Children – Portland*:

44 NE Morris  
Portland, OR. 97212

Or fax to:  
503-281-6819

### 1. Contact Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_

Company/Organization Name: \_\_\_\_\_

My employer will match my donation:       Yes       No

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

For Recognition Purposes, my name should appear as: \_\_\_\_\_

I Wish to Donate Anonymously

### 2. Gift Information

I want to make a tax deductible contribution (Tax ID# 93-1098105) to *Friends*:

\$25,000 sponsors a Friend for one year.

\$8,500 sponsors a child for one year.

\$2,850 sponsors four children for one month.

\$1,000 provides 25 children with activities and supplies for one month.

\$500 sponsors a child at Camp Friends.

\$100 sponsors StudyDog literacy program for one child.

\$50 sponsors nutritious snacks and meals for one child.

\$\_\_\_\_\_ A gift of any size can make a profound difference in the life of a child.

This gift is:       In honor of \_\_\_\_\_       In memory of \_\_\_\_\_

Please send an acknowledgement to:

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

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

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

\*We will notify them that a gift was made in their honor. We will not disclose the amount of your gift.

### 3. Payment Information

Enclosed is my check payable to *Friends of the Children-Portland*.

Charge my credit card for the full amount.

VISA

Mastercard

American Express

Card Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Exp Date: \_\_\_\_\_

I want to pay in installments over the next \_\_\_\_\_ months.

Send invoices to me in the mail.

Charge my credit card, above, each month.

Contact me to arrange a stock gift.

Contact me about including *Friends* in my will.

**“Together we are changing children’s lives for the better...one child at a time.”**