



children's wishes

Donor Information

(Please clearly print information)

NAME		DATE	
ADDRESS	CITY	ST	ZIP
DAYTIME PHONE		MOBILE	
EMAIL	<input type="checkbox"/> YES, I WOULD LIKE TO BE ADDED TO YOUR EMAIL LIST.		

Enclosed is my gift of:

\$

PLEASE CHARGE MY CREDIT CARD:

- One time donation
 Monthly donation \$ _____ per month for _____ months

- Discover® Card MasterCard® Visa® American Express®

CREDIT CARD NUMBER	EXPIRATION DATE (M/Y)	CVC CODE
SIGNATURE		DATE

ACKNOWLEDGMENT — In Honor of (name/occasion) / In Memory of

SEND ACKNOWLEDGMENTS TO:

NAME			
ADDRESS	CITY	ST	ZIP

Please return form to: **Children's Wishes** · 2364 Post Road, Suite 200 · Warwick, RI 02886

YOUR WISH * OUR JOURNEY

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