

DONATION FORM

To make a donation, please print and complete this form. Mail to:

Kenya Children's Fund

PO Box 4159

Hopkins, MN 55343-0499

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

\$ _____ I am making a contribution to KCF to be used where most needed

\$ _____ I want to become a child sponsor (\$456/year, \$114/quarter, \$38/month)

I prefer a: ___ boy ___ girl ___ no preference

\$ _____ I am making a donation to the Gifts That Make a Difference Program.

\$ _____ I am making a contribution towards _____.

_____ **Bill my Visa/Mastercard:**

Card #: _____ Exp. Date: ___/___

Amount \$ _____ Signature: _____

As a child sponsor, I would like my \$38 monthly payment automatically charged to my credit card every month. ___ yes ___ no

_____ **Sign me up for automatic direct payment from my checking or savings account.** (This method of payment greatly reduces administrative costs and eliminates credit card hassles).

Name of Financial Institution _____ Branch _____

Financial institution routing number _____

Bank account number _____ This is a ___ checking ___ savings account.

Monthly withdrawal amount \$ _____ Signature _____ Date _____

- **For direct payment, please include a voided check or savings withdrawal slip.**

Make checks payable to *Kenya Children's Fund*.

All gifts are 100% tax-deductible by the IRS. As a 501(c)(3), we qualify for your company's matching gift program.

Thank you for supporting Kenya Children's Fund.