

Donation Form

Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____

Email Address _____

My gift is enclosed. (Please make checks payable to Children's Home Society of Minnesota.)

Please charge my gift amount of \$ _____

Visa

MasterCard

American Express

Discover

Card Number _____

Expiration Date _____ Digits on Signature Panel _____

Please direct my gift to:

Current Needs

International Child Welfare

Endowment

Other _____

Tribute Gifts:

This gift is In honor of _____

In memory of _____

Please send an acknowledgement of this tribute gift to:

Name _____

Address _____

City _____ State _____ Zip _____