



Enclosed is my gift of \$ \_\_\_\_\_ made payable to Children's Guardian Fund

Check enclosed

VISA     MC    Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

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

Yes, you may use my name when donors are acknowledged

I prefer to have my gift be anonymous

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

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

Phone: (H): \_\_\_\_\_ (W): \_\_\_\_\_ FAX: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

***Special Instructions:***

**I am making this donation**

*in honor of:* Name: \_\_\_\_\_

Occasion: \_\_\_\_\_

*in loving memory of:* \_\_\_\_\_

***Please notify:***

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

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

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

**Please mail this form along with your donation to:**

**CHILDREN'S GUARDIAN FUND**  
**P.O. Box 49722, Sarasota, FL 34230**  
**or FAX it to (941) 861-4840**

**Thank you!**