



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

Thank you!