

**YES! I would like to make a donation to support children in state care.**

☐ \$50    ☐ \$100    ☐ \$500    ☐ \$1,000

☐ Other: \_\_\_\_\_

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**Make Checks Payable to:** Children's Guardian Fund

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**Credit Card:**    ☐ Visa    ☐ Mastercard    ☐ Discover

Card #: \_\_\_\_\_ CVV: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Signature: \_\_\_\_\_

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

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

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

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**E-mail:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

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**I am making this donation in honor of:**

- |                                   |  |
|-----------------------------------|--|
| <input type="checkbox"/> Birthday | <input type="checkbox"/> A GAL Volunteer |
| <input type="checkbox"/> Memory   | <input type="checkbox"/> Other           |

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

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

Note: \_\_\_\_\_

*A letter will be sent to acknowledge your gift.*

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**Children's  
Guardian Fund**



**GAL**  
Guardian ad Litem  
**FOR CHILDREN**