



# DUFFELS4KIDS DONATION FORM

Please send donation along with this form to:  
Duffels4Kids, 655 Riverside Drive #1408, Memphis, TN 38103

Donation Amount: \$ \_\_\_\_\_

- YES!** I would like to make this a recurring monthly donation and support foster children with my monthly gift of:  
 \$10/month       \$20/month       \$30/month       \$ \_\_\_\_\_/month

## DONOR INFORMATION:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Company (Optional): \_\_\_\_\_

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

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

**IF DONATING BY CHECK, PLEASE ENCLOSE YOUR CHECK DONATION WITH THIS FORM.**

**PLEASE COMPLETE THE FOLLOWING INFORMATION IF DONATING BY CREDIT CARD:**  
(AMEX, Visa and MasterCard accepted)

Cardholder's Name: \_\_\_\_\_ Card Type: \_\_\_\_\_

Card Number: \_\_\_\_\_ Card Expiration: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_

**IF BILLING INFORMATION DIFFERS FROM DONOR INFORMATION, PLEASE ENTER THE INFORMATION BELOW:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Company (Optional): \_\_\_\_\_

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

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

**THANK YOU!**