



DUFFELS4KIDS DONATION FORM

Please send donation along with this form to:

Duffels4Kids, 2564 Germanwood Lane, Germantown, TN 38138

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!