



Donation Form

I would like to support Children's Rights with a contribution of:

\$10,000

\$5,000

\$2,500

\$1,000

\$500

\$250

Other Amount \$ _____

Enclosed please find my check made payable to Children's Rights.

My credit card information is below.

Contact Information

*Required

First name* _____

Last name* _____

Email address* _____

Address 1 * _____

Address 2 _____

City* _____

State* _____ Zip Code* _____

Phone _____

Credit Card Information

Card Holder Name* _____

Credit Card Number * _____

Credit Card Type * _____

Credit Card Expiration* _____

Billing Information (If different than your contact information)

Address 1 * _____

City* _____

State* _____

Zip Code* _____

Please send or fax this completed form to:

Children's Rights

330 Seventh Ave, 4th floor

New York, NY 10001

Attn: Development

Fax: (212) 683-4015

Thank you.