

# FR1ENDS of the CH1LDREN

Portland

## Donation Form

Please provide contact information, gift amount and payment method below. You may fax this donation form to *Friends of the Children – Portland* at (503) 281-6819, or mail it to: 44 NE Morris Street, Portland, OR 97212

### CONTACT INFORMATION:

- I would like to receive information about *Friends* by e-mail.
- I do **not** want my name to be listed in the annual report or newsletter

Name \_\_\_\_\_

Business \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

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

Email \_\_\_\_\_ Phone \_\_\_\_\_

### GIVING OPTIONS:

**Yes!** I want to make a tax-deductible contribution (Tax ID# 93-1098105) to *Friends*:

- \$2,500 allows 16 children to explore art, dance, theater or music for one year.
- \$1,000 provides 25 children with activities & supplies for one month.
- \$700 sponsors a child for one month.
- \$250 pays for nutritious snacks and sometimes meals for one child for a year.
- \$100 supports a day-trip for four children.
- \$\_\_\_\_\_ A gift of any size can make a difference in the life of a vulnerable child.

- YES, my employer matches gifts and enclosed is their matching gift form.**

### PAYMENT OPTIONS:

- Enclosed is my check** payable to *Friends of the Children – Portland*.

- Charge my credit card for the full amount.**

VISA  MasterCard  Discover  American Express

Card Number \_\_\_\_\_

Exp. Date \_\_\_\_\_ CVC Code \_\_\_\_\_ Signature \_\_\_\_\_

- I would like my gift to recur monthly, please withdraw on the:**  5<sup>th</sup>  20<sup>th</sup>

- Contact me to arrange a stock gift.**

- Contact me about including *Friends* in my will.**

No goods or services were provided or received in return for your contribution making it 100% tax-deductible for IRS purposes. This letter serves as your receipt. The tax ID number for Friends of the Children - Portland is 93-1098105.