

Please send your donation with this form to:

Sun Sentinel Children's Fund Holiday Campaign Processing Center 24538 Network Place Chicago, IL 60673-1245

<u>Personal Information:</u>				
Prefix First	M.I	Last	Suffix _	
Spouse Information				
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Is this donation on behalf of an organization? $\ \ \Box$ Yes	s □ No	Org. Name		
Street Address			Apt./Unit	
City		State	Zip	
Phone () Email				
<u>Donation Information:</u>				
I would like to make a gift in the amount of: \$				
Enclosed is my check payable to Sun Sentinel C	Children's Fund			
Please charge my:	sterCard	□ Discover	☐ American Express	
Card Number(<i>RR McCormick Fdn</i> will appear on your statement)	Exp	Signature	·	
I would like to make this a recurring gift. Charge my	y credit card \$	on the first Mone	day of every month until further no	otice.
Have you included an employer matching gift form?	□ Yes	S □ No		
Donation Acknowledgment				
You can choose to make your gift a tribute to a person yo	ou know or admire			
Please make my gift: In honor of In memory of				
If you would like this individual or his/her family to receive include the information below.	e a letter from the S	Sun Sentinel Childre	n's Fund recognizing your gift, ple	ase
Your name and donation may be listed in future publication		ne included check Y	es helow	
☐ Yes, publish my name as:				
□ No, do not publish my information.			-	

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