

Personal Information:

Please send your donation with this form to:

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

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Is this donation on behalf	f of an organization?	□ No	Org. Name	
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Donation Information:				
I would like to make a gif	t in the amount of: \$			
Enclosed is my check payable to Sun Sentinel Children's Fund				
Please charge my:	: 🗆 Visa 🗆 Mas	terCard	Discover	□ American Express
Card Number Exp Signature (<i>RR McCormick Fdn</i> will appear on your statement)				
I would like to make this a recurring gift. Charge my credit card \$ on the first Monday of every month until further notice.				
Have you included an em	nployer matching gift form?	□ Yes	🗆 No	
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You can choose to make	your gift a tribute to a person you	u know or admire.		
Please make my gift:	In honor of In memory of			
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□ No, do not publish my information.

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