



DONATION FORM FOR MAKING A MEMORIAL GIFT

THANK YOU for choosing the work of Aid for Starving Children to memorialize the life of your loved one. Please print this two-page form, fill it out completely, and FAX to (707) 525-1310 (credit card donations only), OR MAIL to:

Aid for Starving Children, ASC-Web
2360 Professional Dr., Suite 201
Santa Rosa CA 95403

Amount of Gift: \$_____

___ One-time gift. ___ Monthly gift. _____ Other.

Method of Payment:

___ Check or Money Order (Please make payable to Aid for Starving Children)

___ Credit Card Type: ___ VISA ___ MasterCard ___ AmEx ___ Discover

Authorized signature: _____

Credit Card Number: _____

Expiration Date: _____

Your Information: Name: _____

Tel: _____

Address: _____

City: _____

State: ___ Zip: _____ E-mail: _____

Memorial Designee Information:

Name: _____

Thank you! Your gift is tax deductible as allowed by law.

Would you like someone other than yourself to receive notification of your memorial gift?

Name: _____ Relationship to Designee:

Address: _____ City:

State: _____ Zip: _____ E-mail: _____

Donation Instructions:

Please use my gift for the following:

___ Where most needed ___ Children's Homes ___ Feeding Programs ___ Education

___ Emergency Assistance Fund ___ Disaster Relief ___ Clean Water Projects

___ Other instructions or comments: _____

Memorial Card Message:

_____.