



Aid for Abused Children, Inc.

DONATION FORM FOR MAKING A MEMORIAL GIFT

*THANK YOU for choosing the work of Aid for Abused Children to memorialize the life of a loved one.
Please print this two-page form, fill it out completely, and mail to:*

Aid for Abused Children
ID-GEN-A
1535 Farmers Lane #200
Santa Rosa, CA 95405
Phone: (707) 483-2939

Amount of Gift: \$ _____

_____ One-time gift _____ Monthly gift (unless specified, only one thank you
letter will be sent at the end of the year)

_____ Other

Method of Payment:

_____ Check or Money Order (Please make your check payable to *Aid for Abused Children*)

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

Authorized Signature: _____

Credit Card Number: _____ Expiration Date: _____

Your Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Memorial Designee Information:

Name: _____

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

Name: _____ Relationship to Designee: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Donation Instructions:

Please use my gift for the following:

_____ Where most needed _____ Children's Homes _____ Feeding Programs

_____ Education _____ Vocational Training

_____ Other instructions or comments: _____

Memorial Card Message: _____

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