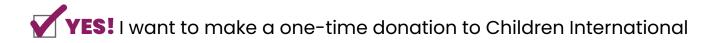


## **GENERAL ONLINE DONATION FORM**



**END-OF-YEAR CAMPAIGN** 

## Mail this form and donation to:

Children International, PO Box 210513, Kansas City, MO 64121-7501

Donation amount: \$				
CONTACT INFO				
Please print clearly.				
FIRST NAME	LAST NAME			
ADDRESS	CITY	STATE	ZIP	
PHONE	EMAIL			
PAYMENT INFO — SELECT ONE				
Debit/Credit card Your card will be charged upon receipt.  By completing this form, I authorize Child	Check  My or check is enclosed, make the charge with the charge of the c			
☐ AMEX ☐ DISCOVER ☐ MA	ASTERCARD VISA			
NAME ON CARD	CREDIT CARD NUMBER			
SIGNATURE	EXPIRATION DATE	CVC: 3-4 dig	jit code on card back	

**Questions?**Contact our
Care Team

**CALL** § 800-888-3089, M-F: 8 a.m.-6 p.m. (Central Time)

ONLINE CHAT (a) children.org, M-F: 8 a.m.-4 p.m.

EMAIL & children@children.org