



# GENERAL ONLINE DONATION FORM

**YES!** I want to make a one-time donation to Children International

**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**  **OR**  **Check**  
Your card will be charged upon receipt. My or check is enclosed, made payable to Children International.

*By completing this form, I authorize Children International to charge/withdraw my one-time contribution.*

AMEX     DISCOVER     MASTERCARD     VISA

NAME ON CARD	CREDIT CARD NUMBER	
SIGNATURE	EXPIRATION DATE	CVC: 3-4 digit 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** 💬 children.org, M-F: 8 a.m.-4 p.m.  
**EMAIL** ✉ children@children.org