



SPECIAL KIDS FOUNDATION

Donation Form

Name: _____

As you wish it to appear on our Donor list

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____

E-Mail: _____

This gift is:

_____ in honor of _____

_____ in memory of _____

Please provide notification about my gift to the following:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Enclosed is my check in the amount of \$_____ made payable to Special Kids Foundation.

Please charge my credit card: (We accept VISA and MasterCard. If you wish to use American Express please make your donation on-line from our website via PayPal.)

Card Type: _____ Expiration Date: _____

Card Number: _____ Signature: _____

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