

Donation Form

Enclosed is my gift of:

- \$5,000+ \$250+
 \$1,000+ \$100+
 \$500+ \$50+ Other _____

Payment Information

Please circle contribution type: Business or Personal

Business Name: _____ Contact Person: _____

Address: _____ City, State, Zip: _____

Phone: _____ Fax: _____

E-mail: _____

Payment Method

(please make checks payable to South Dade Children's Resource Network c/o Kids Hope United.)

Total amount of donation: \$ _____

Cash Check

Credit Card: _____ Visa _____ MasterCard _____ AMEX _____ Discover

Name on Card: _____

Card Number: _____ Exp. Date: _____

Signature: _____

Billing Address (if different from above):

_____ Zip: _____

Fax this form to 786.573.9053 or mail to:

South Dade Children's Resource Network

Attn: Fund Development

10720 Caribbean Boulevard, Suite 600

Cutler Bay, FL 33189

866.547.1232

www.southdadcarn.org