



## Print & Send Donation Form

Please mail your tax-deductible donation with this form to:

Children's Hunger Alliance  
Development  
370 South Fifth Street  
Columbus, OH 43215

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

### Home Address

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_

Preferred Email: \_\_\_\_\_

Yes! Please email me exclusive event invitations, delicious recipes and updates on how my contribution is helping Ohio's children.

### Gift Amount (Please check one.)

\$500     \$250     \$100     \$50     \$25     Other \_\_\_\_\_

I would like this gift to honor the following individual: \_\_\_\_\_

Birthday     Anniversary     In Memory     In Honor

Please send acknowledgement to: Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/ST/Zip: \_\_\_\_\_

### Payment Options

I would like to be charged for this gift.

Visa     Master Card     American Express     Discover Card

Account # \_\_\_\_\_ Exp Date \_\_\_\_\_

Signature \_\_\_\_\_

My check or money order payable to *Children's Hunger Alliance* is enclosed.

**On behalf of Ohio's children, thank you for your gift.**

You will receive acknowledgement of gifts of \$5 or more within two to four weeks.