



My Gift to Help the 2.3 Billion Children

Name(s): _____

Street: _____

City: _____ State/Province: _____ ZIP/Postal: _____ USA Canada

E-Mail: _____

Phone-Home: _____ Cell: _____ Work: _____

Please Send Me:

Monthly KidZ Newsletter (Email)

Monthly E-Prayer Notes (Email)

Info about **Going On a Short-Term Trip**

- | | | | | | |
|--|--------------------------------|----------------------------------|----------------------------------|----------------------------------|-----------------------------------|
| <input type="checkbox"/> Monthly Gifts of | <input type="checkbox"/> \$50 | <input type="checkbox"/> \$100 | <input type="checkbox"/> \$250 | <input type="checkbox"/> \$500 | <input type="checkbox"/> \$ _____ |
| <input type="checkbox"/> Annual Gifts of | <input type="checkbox"/> \$500 | <input type="checkbox"/> \$1,000 | <input type="checkbox"/> \$2,500 | <input type="checkbox"/> \$5,000 | <input type="checkbox"/> \$ _____ |
| <input type="checkbox"/> One-Time Gift of | <input type="checkbox"/> \$100 | <input type="checkbox"/> \$250 | <input type="checkbox"/> \$500 | <input type="checkbox"/> \$1,000 | <input type="checkbox"/> \$ _____ |

CHECK/PAYPAL

My first gift is enclosed.

I will mail gift checks.

I will send gifts via PayPal.

Please make checks payable to KidZ at Heart.

AUTOMATIC BANK WITHDRAWAL AUTHORIZATION

Please automatically debit my bank account on the 15th of each month.

In addition, please debit my bank account for the current month if form is received after the 15th of the month.

Please debit my bank account for this One-Time Gift.

Bank Name: _____ Branch: _____

Address: _____

City, State/Prov, Zip Code: _____

Routing # (1st 9 Digits on Check): _____ Acct Number: _____

Please attach a voided check to this form.

AUTOMATIC CREDIT CARD AUTHORIZATION

Please automatically charge my **VISA** **MC** **DISCOVER** **AMEX** card on the 10th of each month.

In addition, please charge my card for the current month if form is received after the 10th of the month.

Please charge my **VISA** **MC** **DISCOVER** **AMEX** card for this One-Time Gift.

Cardholder's Name: _____ Billing Address (if different): _____

Number: _____ Exp Date: _____ 3-Digit V-Code: _____ (See Back of Card)

Signature: _____ Date: _____