



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 all credit cards.)

Card Type: _____ Expiration Date: _____

Card Number: _____ Signature: _____

2218 N. Monticello Ave. Chicago, IL 60647 Phone: (773) 394-3202
E-Mail: info@specialkidsfoundation.org