

THANK YOU FOR YOUR GIFT!

## GIFT INFORMATION

Donor Name (ex: The Smith Family or Bob and Sue Smith): \_\_\_\_\_

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

This gift is in HONOR / MEMORY (circle one) of: \_\_\_\_\_

 No card necessary  Please send a notification card to:

Full Recipient Name: \_\_\_\_\_

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

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

Message (optional): \_\_\_\_\_  
\_\_\_\_\_

## BILLING INFORMATION

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Email (optional): \_\_\_\_\_

 Address is different than one on check. Please use this address

## PAYMENT INFORMATION

 Check # \_\_\_\_\_, made payable to: The AFCCA Foundation for Children | Total Included: \$ \_\_\_\_\_

Credit card payment # \_\_\_\_\_ exp \_\_\_\_ / \_\_\_\_

Total Included: \$ \_\_\_\_\_ Signature \_\_\_\_\_

Please only attach one donation per form. Send this form with your donation to:

AFCCA Foundation for Children  
1418 N. Scottsdale Rd, PMB 541  
Scottsdale, AZ 85257