



Contact Information *(Fields marked with an * are required)*

*Email Address

*Name

*Address

*City *State *Postal Code

*Country Telephone ()

Contribution Information

I / we would like to make a:

One Time Donation

\$50 \$75 \$100 \$250

Other amount: \$

Recurring Donation
in the amount of \$ each

Payment Information

Check made payable to ADVOKIDS
Mail check with this form to: Advokids
5643 Paradise Dr., Suite 12-B
Corte Madera, CA 94925

Credit Card

*Credit Card Number

*Expiration Date /

*Card Type Visa MasterCard AMEX Discover

*CSC (Card Security Code) (The 3 or 4 digit number printed on your credit card)

*Cardholder's Name

Billing Address Verification Information

*Street Address / P.O. Box Number
(Must match billing address on file with credit card issuer)

*ZIP Code (Must match billing ZIP code on file with card issuer)

Gift Type

Please select the type of donation

General donation: Support Advokids as designated above.

Memorial Gift: In memory of:

Honor Gift: In honor
or commemoration of: