

GIFT INFORMATION

DONATION AMOUNT

DONOR SIGNATURE _____

DONATION FREQUENCY One-Time Annually Semi-Annually Quarterly
 Monthly Weekly

CONTACT/BILLING INFORMATION

FULL NAME

STREET ADDRESS

CITY STATE ZIP CODE

EMAIL PHONE

PAYMENT TYPE (CHOOSE ONE)

Credit Card

NAME ON CARD

CARD NUMBER

EXPIRES CVV

Electronic Funds Transfer

ACCOUNT TYPE

NAME ON ACCT

ROUTING NUMBER

ACCOUNT NUMBER

Check PLEASE MAKE PAYABLE TO HELPUSADOPT.ORG

DEDICATIONS, MEMORIALS, & COMMENTS

PLEASE MAIL COMPLETED FORM TO: Helpusadopt.org, P.O. Box 787, New York, NY 10150