



Donation Form

Please fill out this donation form and indicate the type of donation you wish to make.

CONTACT INFORMATION

Name: _____

Address: _____

Telephone: _____ Email Address: _____

DONATION OPTIONS:

MONTHLY GIFT OPTION: I would like to join the monthly donation program and pledge \$ _____ a month to the Children's Bridge Foundation.

SINGLE GIFT OPTION: I would like to make a one-time donation to the Children's Bridge Foundation.

SPONSOR A CHILD: I would like to sponsor a child through the Foundation's foster family program for \$30.00 a month

SPONSOR A CHILD: I would like to support an older child through the Foundation's educational sponsorship program in Vietnam for \$80.00 a month

PAYMENT OPTIONS:

VISA **MASTERCARD**

Card Number: _____ Expiry Date: _____

Signature: _____

CHEQUE (For item purchases) My cheque is enclosed for \$ _____

CHEQUING ACCOUNT (For monthly donation, please enclose a cheque marked "VOID")

I authorize the Children's Bridge Foundation to arrange automatic monthly withdrawals from my credit card or my bank account. I understand that I may cancel the authorization at any time by providing written notification to the Children's Bridge Foundation.

Signature: _____

I would like further information about leaving a gift in my Will to The Children's Bridge Foundation

