



DONATION FORM

Thank you for your generous support of enCourage Kids Foundation.

DONOR CONTACT INFORMATION

Please print:

Company, Institution, or Donor Name _____

Contact Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

DONATION INFORMATION

Amount: _____

This Gift is In Honor Of In Memory Of _____

Address to Send Tribute Card: _____

PAYMENT INFORMATION

Check enclosed (*made payable to enCourage Kids Foundation*) Cash

Please charge the following credit card in the amount of \$ _____

Visa AMEX MC Discover

Card number: _____ Expiration Date: _____ Security Code: _____

Signature: _____

Please return this form to **enCourage Kids Foundation**
1560 Broadway, Suite 600 New York, NY 10036
Attention: Christina Buono | Christina@encourage-kids.org
Telephone: 212-354-2878 | encourage-kids.org
Tax ID: 13-3442216